

Case Number:	CM15-0011454		
Date Assigned:	01/29/2015	Date of Injury:	10/26/2010
Decision Date:	03/24/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	01/21/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 54 year old male, who sustained an industrial injury on 9/29/14. She has reported low back injury. The diagnoses have included L/S spine facet syndrome, L-S spine sciatica, L-S spine degenerative disc disease, L-S spine radiculitis, shoulder bursitis and chronic pain syndrome. Treatment to date has included physical therapy and oral medications. (MRI) magnetic resonance imaging of lumbar spine dated 11/3/14 revealed L4-5, L5-S1, L3-L4 and L2-3 broad based disc bulge. Currently, the injured worker complains of numbness and tingling down bilateral lower extremities. Progress note dated 12/14/14 noted tenderness to palpation in bilateral paraspinal areas as well as tenderness to palpation at the bilateral sacroiliac joints. On 1/13/15 Utilization Review non-certified a (EMG) Electromyogram and (NCV) nerve conduction studies of bilateral lower extremities, noting it cannot be determined that there are objective neurological findings consistent with lumbar (MRI) magnetic resonance imaging that would support further testing. The MTUS, ACOEM Guidelines, was cited. On 1/21/15, the injured worker submitted an application for IMR for review of (EMG) Electromyogram (NCV) nerve conduction of bilateral lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

EMG of bilateral lower extremities: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints Page(s): 260-262, 303.

Decision rationale: The patient presents with pain in the bilateral iliolumbar ligaments with some radiation of pain down the bilateral lower extremities as well as numbness and tingling. The request is for EMG OF BILATERAL LOWER EXTREMITY. The RFA is not provided. Patient's diagnosis on 12/09/14 included bilateral lumbosacral strain, bilateral lumbosacral radiculopathy, and myofascial pain. Per the UR letter dated 01/13/15, MRI of the lumbar spine on 11/04/14 revealed decreased sensation over the dorsal aspect of bilateral feet. Patient is temporarily totally disabled. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11, page 260-262 states: "Appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist." For EMG, ACOEM Guidelines page 303 states, "Electromyography including H-reflex test may be useful to identify subtle, focal neurologic dysfunction, patient with low back pain lasting more than 3 or 4 weeks." Per progress report dated 12/09/14, treater is requesting EMG of bilateral lower extremity "to rule out peripheral neuropathy vs lumbosacral radiculopathy." In this case, there are no documentations of prior EMG studies and the patient presents with lumbar pain lasting more than 3 to 4 weeks. There is documentation of subjective radicular complaints as well as objective physical findings. In addition, radiculopathy was corroborated by imaging studies. Given the patient's lower extremity symptoms, physical examination findings, diagnosis, EMG studies would appear reasonable. Therefore, the request IS medically necessary.

NCS of bilateral lower extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back chapter: Nerve conduction studies; Electrodiagnostic studies (EDS)

Decision rationale: The patient presents with pain in the bilateral iliolumbar ligaments with some radiation of pain down the bilateral lower extremities as well as numbness and tingling. The request is for NCS OF BILATERAL LOWER EXTREMITIES. The RFA is not provided. Patient's diagnosis on 12/09/14 included bilateral lumbosacral strain, bilateral lumbosacral radiculopathy, and myofascial pain. Per the UR letter dated 01/13/15, MRI of the lumbar spine on 11/04/14 revealed decreased sensation over the dorsal aspect of bilateral feet. Patient is temporarily totally disabled. Regarding Nerve conduction studies, ODG guidelines under Low

Back chapter: Nerve conduction studies states, "Not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy." ODG for Electrodiagnostic studies (EDS) states, "(NCS) which are not recommended for low back conditions, and EMGs (Electromyography) which are recommended as an option for low back." Per progress report dated 12/09/14, treater is requesting NCS of bilateral lower extremity "to rule out peripheral neuropathy vs lumbosacral radiculopathy." In this case, there is no reference to prior NCT and the patient continues with back pain with radicular symptoms. The guidelines do not support routine NCV studies to address low back conditions. The treater does not raise any other concerns than the patient's low back issues and NCV would not be indicated. The request IS NOT medically necessary.