Case Number:	CM15-0015014		
Date Assigned:	02/03/2015	**Date of Injury:**	04/22/2014
Decision Date:	03/24/2015	**UR Denial Date:**	01/05/2015
Priority:	Standard	**Application Received:**	01/27/2015

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: Family Practice

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 51 year old male, who sustained a work related injury on 4/22/14. The diagnoses have included lumbago, lumbar arthropathy. Lumbar facet syndrome, lumbar strain and lumbar radiculitis/radiculopathy. Treatments to date have included EMG/NCS of bilateral lower extremities report dated 1/30/15, MRI lumbar spine, acupuncture treatment, oral medications, 6 physical therapy sessions, home exercise program and chiropractic treatment. In the PR-2 dated 12/1/14, the injured worker complains of chronic low back pain with pain down both legs. He has tenderness to palpation and decreased range of motion in lumbar area. On 1/5/15, Utilization Review non-certified requests for EMG to bilateral lower extremities and NCV to bilateral lower extremities. The California MTUS, ACOEM Guidelines, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG Right Lower Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment for Workers' Compensation (TWC), Online Edition

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Table 12-8 (Summary of Recommendations for Evaluation and Management of Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low Back Complaints

Decision rationale: The MTUS/ACOEM Guidelines comment on the use of electrodiagnostic studies (EDS) for the evaluation of patients with low back complaints. Table 12-8 provides a summary of these recommendations. They indicate that there is limited evidence to support the use of EMGs and H-reflex tests; however, they are used to clarify nerve root dysfunction. The Official Disability Guidelines also comment on the use of EDS. These guidelines provide the following minimum Standards for electrodiagnostic studies (from the American Association of Neuromuscular & Electrodiagnostic Medicine): (1) EDX testing should be medically indicated (i.e., to rule out radiculopathy, lumbar plexopathy, peripheral neuropathy).(2) Testing should be performed using EDX equipment that provides assessment of all parameters of the recorded signals. Studies performed with devices designed only for screening purposes rather than diagnosis is not acceptable.(3) The number of tests performed should be the minimum needed to establish an accurate diagnosis.(4) NCSs (Nerve conduction studies) should be either (a) performed directly by a physician or (b) performed by a trained individual under the direct supervision of a physician. Direct supervision means that the physician is in close physical proximity to the EDX laboratory while testing is underway, is immediately available to provide the trained individual with assistance and direction, and is responsible for selecting the appropriate NCSs to be performed.(5) EMGs (Electromyography - needle not surface) must be performed by a physician specially trained in electrodiagnostic medicine, as these tests are simultaneously performed and interpreted.(6) It is appropriate for only 1 attending physician to perform or supervise all of the components of the electrodiagnostic testing (e.g., history taking, physical evaluation, supervision and/or performance of the electrodiagnostic test, and interpretation) for a given patient and for all the testing to occur on the same date of service. If both tests are done, the reporting of NCS and EMG study results should be integrated into a unifying diagnostic impression.(7) If both tests are done, dissociation of NCS and EMG results into separate reports is inappropriate unless specifically explained by the physician. Performance and/or interpretation of NCSs separately from that of the needle EMG component of the test should clearly be the exception (e.g. when testing an acute nerve injury) rather than an established practice pattern for a given practitioner. (AANEM, 2009) Note: For low back NCS are not recommended and EMGs are recommended in some cases, so generally they would not both be covered in a report for a low back condition.In this case, the records indicate that the intent for the requested EMG of the Right Lower Extremity is to assess for the presence of a radiculopathy. There is insufficient documentation to support the need to assess for a radiculopathy as the patient has no history or physical examination findings consistent with this condition. Without a clear medical indication an electrodiagnostic study with an EMG of the Right Lower Extremity is not considered as a medically necessary test.

EMG Left Lower Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment for Workers' Compensation (TWC), Online Edition

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Table 12-8; Summary of Recommendations for the Evaluation and Management of Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low Back Complaints

Decision rationale: The MTUS/ACOEM Guidelines comment on the use of electrodiagnostic studies (EDS) for the evaluation of low back complaints. These guidelines state that there is limited evidence in support of the use of needle EMG and H-reflex tests to clarify nerve root dysfunction.The Official Disability Guidelines also comment on the use of EDS. These guidelines provide minimum standards for electrodiagnostic studies based on the following American Association of Neuromuscular & Electrodiagnostic Medicine recommendations: (1) EDX testing should be medically indicated (i.e., to rule out radiculopathy, lumbar plexopathy, peripheral neuropathy).(2) Testing should be performed using EDX equipment that provides assessment of all parameters of the recorded signals. Studies performed with devices designed only for screening purposes rather than diagnoses are not acceptable.(3) The number of tests performed should be the minimum needed to establish an accurate diagnosis.(4) NCSs (Nerve conduction studies) should be either (a) performed directly by a physician or (b) performed by a trained individual under the direct supervision of a physician. Direct supervision means that the physician is in close physical proximity to the EDX laboratory while testing is underway, is immediately available to provide the trained individual with assistance and direction, and is responsible for selecting the appropriate NCSs to be performed.(5) EMGs (Electromyography - needle not surface) must be performed by a physician specially trained in electrodiagnostic medicine, as these tests are simultaneously performed and interpreted.(6) It is appropriate for only 1 attending physician to perform or supervise all of the components of the electrodiagnostic testing (e.g., history taking, physical evaluation, supervision and/or performance of the electrodiagnostic test, and interpretation) for a given patient and for all the testing to occur on the same date of service. If both tests are done, the reporting of NCS and EMG study results should be integrated into a unifying diagnostic impression.(7) If both tests are done, dissociation of NCS and EMG results into separate reports is inappropriate unless specifically explained by the physician. Performance and/or interpretation of NCSs separately from that of the needle EMG component of the test should clearly be the exception (e.g. when testing an acute nerve injury) rather than an established practice pattern for a given practitioner. (AANEM, 2009) Note: For low back NCS are not recommended and EMGs are recommended in some cases, so generally they would not both be covered in a report for a low back condition.In this case the records indicate that the intent of the request for an EMG of the Left Lower Extremity is to assess for the presence of a radiculopathy. There is insufficient information to support the medical necessity of this test as the patient has no signs on history or on physical examination in support of a radiculopathy. Without a clear medical indication, an electrodiagnostic study with an EMG of the Left Lower Extremity is not considered as a medically necessary test.

NCV Right Lower Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment for Workers' Compensation, Online Edition.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Table 12-8; Summary of Recommendations for the Evaluation and Management of Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low Back Complaints

Decision rationale: The MTUS/ACOEM Guidelines comment on the use of electrodiagnostic studies (EDS) in the evaluation of patients with low back complaints. These guidelines state that there is limited evidence for the use of EMGs and H-reflex tests in the assessment of nerve root dysfunction.The Official Disability Guidelines also comment on the use of EDS and have set the following minimum standards for electrodiagnostic studies (from the American Association of Neuromuscular & Electrodiagnostic Medicine): (1) EDX testing should be medically indicated (i.e., to rule out radiculopathy, lumbar plexopathy, peripheral neuropathy).(2) Testing should be performed using EDX equipment that provides assessment of all parameters of the recorded signals. Studies performed with devices designed only for screening purposes rather than diagnosis is not acceptable.(3) The number of tests performed should be the minimum needed to establish an accurate diagnosis.(4) NCSs (Nerve conduction studies) should be either (a) performed directly by a physician or (b) performed by a trained individual under the direct supervision of a physician. Direct supervision means that the physician is in close physical proximity to the EDX laboratory while testing is underway, is immediately available to provide the trained individual with assistance and direction, and is responsible for selecting the appropriate NCSs to be performed.(5) EMGs (Electromyography - needle not surface) must be performed by a physician specially trained in electrodiagnostic medicine, as these tests are simultaneously performed and interpreted.(6) It is appropriate for only 1 attending physician to perform or supervise all of the components of the electrodiagnostic testing (e.g., history taking, physical evaluation, supervision and/or performance of the electrodiagnostic test, and interpretation) for a given patient and for all the testing to occur on the same date of service. If both tests are done, the reporting of NCS and EMG study results should be integrated into a unifying diagnostic impression.(7) If both tests are done, dissociation of NCS and EMG results into separate reports is inappropriate unless specifically explained by the physician. Performance and/or interpretation of NCSs separately from that of the needle EMG component of the test should clearly be the exception (e.g. when testing an acute nerve injury) rather than an established practice pattern for a given practitioner. (AANEM, 2009) Note: For low back NCS are not recommended and EMGs are recommended in some cases, so generally they would not both be covered in a report for a low back condition.In this case, the records suggest that the requested Nerve Conduction Study of the Right Lower Extremity is part of an assessment for the presence of a radiculopathy. There is insufficient information in the medical records from the patient's history or physical examination findings in support of this condition. Given that the medical necessity for this test has not been established, a Nerve Conduction Study of the Right Lower Extremity is not considered as a medically necessary test.

NCV Left Lower Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment for Workers' Compensation (TWC), Online Edition

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Table 12-8; Summary of Recommendations for the Evaluation and Management of Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low Back Complaints

Decision rationale: The MTUS/ACOEM Guidelines comment on the use of electrodiagnostic studies in the assessment of low back complaints. These guidelines state that there is limited evidence in support of the use of needle EMGs and H-reflex testing to clarify the presence of nerve root dysfunction.The Official Disability Guidelines also comment on the minimum standards for electrodiagnostic studies based on the following American Association of Neuromuscular & Electrodiagnostic Medicine (AANEM) recommendations:(1) EDX testing should be medically indicated (i.e., to rule out radiculopathy, lumbar plexopathy, peripheral neuropathy).(2) Testing should be performed using EDX equipment that provides assessment of all parameters of the recorded signals. Studies performed with devices designed only for screening purposes rather than diagnosis is not acceptable.(3) The number of tests performed should be the minimum needed to establish an accurate diagnosis.(4) NCSs (Nerve conduction studies) should be either (a) performed directly by a physician or (b) performed by a trained individual under the direct supervision of a physician. Direct supervision means that the physician is in close physical proximity to the EDX laboratory while testing is underway, is immediately available to provide the trained individual with assistance and direction, and is responsible for selecting the appropriate NCSs to be performed.(5) EMGs (Electromyography - needle not surface) must be performed by a physician specially trained in electrodiagnostic medicine, as these tests are simultaneously performed and interpreted.(6) It is appropriate for only 1 attending physician to perform or supervise all of the components of the electrodiagnostic testing (e.g., history taking, physical evaluation, supervision and/or performance of the electrodiagnostic test, and interpretation) for a given patient and for all the testing to occur on the same date of service. If both tests are done, the reporting of NCS and EMG study results should be integrated into a unifying diagnostic impression.(7) If both tests are done, dissociation of NCS and EMG results into separate reports is inappropriate unless specifically explained by the physician. Performance and/or interpretation of NCSs separately from that of the needle EMG component of the test should clearly be the exception (e.g. when testing an acute nerve injury) rather than an established practice pattern for a given practitioner. (AANEM, 2009) Note: For low back NCS are not recommended and EMGs are recommended in some cases, so generally they would not both be covered in a report for a low back condition. In this case the information provided indicates that the requested test, a Nerve Conduction Study of the Left Lower Extremity, is part of the assessment for the presence of a radiculopathy. There is insufficient evidence based on the patient's symptoms and physical examination findings in support of this condition. Given the need to establish the medical necessity for this test and Nerve Conduction Study of the Left Lower Extremity is not considered as medically necessary.