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| Case Number: | CM15-0015948 | | |
| Date Assigned: | 02/03/2015 | Date of Injury: | 07/11/2014 |
| Decision Date: | 03/27/2015 | UR Denial Date: | 01/08/2015 |
| 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: 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 26 year old male injured worker suffered and industrial injury on 7/11/2014. The diagnoses were lumbago and displacement of intervertebral lumbar disc. The diagnostic studies were magnetic resonance imaging and x-rays. The treatments were microscopic assisted discectomy and lateral recess decompression 9/4/2014, lumbar surgery 10/1/2014 due to post- operative infection, physical therapy, lumbar brace and medications. The treating provider reported limited range of motion with right low back pain radiating to the right lower extremity with limited mobility. On exam there is tenderness to the right lumbar paravertebral muscles and right thigh atrophy. The Utilization Review Determination on 1/8/2015 non-certified electromyography/nerve conduction velocity bilateral lower extremities, citing ACOEM.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCS of the bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines chapter 'Low Back -

Lumbar & Thoracic (Acute & Chronic)' and topic 'EMGs (electromyography) chapter 'Low Back - Lumbar & Thoracic (Acute & Chronic)' and topic 'Nerve conduction studies (NCS)

Decision rationale: The 26 year old patient presents with pain in the lumbar spine that radiates occasionally to the right lower extremity and is rated at 4-7/10, as per progress report dated 12/30/14. The request is for EMG/NCS OF THE BILATERAL LOWER EXTREMITIES. The RFA for the case is dated 01/06/14, and the patient's date of injury is 07/11/14. The patient is status post lumbar discectomy at L5-S1 on 09/04/14, and another lumbar surgery to clean a bacterial infection on 10/01/14, as per progress report dated 12/30/14. The patient also suffers from depression and insomnia secondary to sleep. Diagnoses included lumbar sprain/strain and depression, as per the same progress report. MRI of the lumbar spine, dated 08/07/14, revealed disc protrusion and spinal canal narrowing at L5-S1, disc bulge with annular tear at L4-5, and facet arthropathy at L4-5 and L5-S1. Medications, as per progress report dated 12/30/14, included Tramadol, Naprosyn and Omeprazole. The patient is off duty, as per the same progress report. ODG Guidelines, chapter 'Low Back - Lumbar & Thoracic (Acute & Chronic)' and topic 'EMGs (electromyography)', state that EMG studies are "Recommended as an option (needle, not surface). EMGs (electromyography) may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious." ODG Guidelines, chapter 'Low Back - Lumbar & Thoracic (Acute & Chronic)' and topic 'Nerve conduction studies (NCS)', states that NCV studies are "Not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. (Utah, 2006) This systematic review and meta-analysis demonstrate that neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy." In this case, the available progress reports do not document prior EMG/NCV. In progress report dated 12/30/14, the treater states that EMG/NCV is "to evaluate that persistent symptoms and right thigh arthropathy." However, as per progress report dated 08/12/14, the patient has been diagnosed with right S1 radiculopathy. ODG guidelines recommend electrodiagnostic studies only when radiculopathy is not clinically obvious. Hence, this request IS NOT medically necessary.