

Case Number:	CM15-0015953		
Date Assigned:	02/03/2015	Date of Injury:	04/18/2014
Decision Date:	03/27/2015	UR Denial Date:	01/23/2015
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 injured worker is a 45 year old male, who sustained an industrial injury on 4/18/2014. He reports a fall with upper and lower back injury. Diagnoses include failed back surgery syndrome and lumbar radiculopathy. Treatments to date include physical therapy, heat, cold, TENS (transcutaneous electrical nerve stimulation) and acupuncture. A progress note from the treating provider dated 1/8/2015 indicates the injured worker reported neck, upper and lower back pain. On 1/23/2015, Utilization Review non-certified the request for electromyography (EMG) of the bilateral lower extremities, citing Official Disability Guidelines, MTUS and ACOEM.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography/Nerve Conduction Velocity (EMG/NCV) Bilateral Lower Extremities:
Overturned

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

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 based on Non-MTUS Citation Official disability guidelines Low Back chapter: Nerve conduction studies

Decision rationale: The patient presents with constant lower and upper back pain rated 05/10 which radiates in to the legs. The request is ELECTROMYOGRAPHY /NERVE CONDUCTION VELOCITY (EMG/NCV) BILATERAL LOWER EXTREMITIES. The RFA is not provided. Patient's diagnosis on 01/08/15 included failed back surgery syndrome and lumbar radiculopathy. MRI study on 06/18/14 revealed grade 1 retrolisthesis and severe canal stenosis. Patient is currently not working. 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." 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." In this case, there is no reference to prior EMG or NCV 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. 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 for EMG IS medically necessary.