

Case Number:	CM15-0110631		
Date Assigned:	06/17/2015	Date of Injury:	07/01/2011
Decision Date:	07/17/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	06/08/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 40-year-old female, with a reported date of injury of 07/01/2011. The diagnoses include lumbar sprain/strain with herniated disc, status post lumbar laminectomy and discectomy at L3-4, and pre-existing multilevel degenerative disc disease in the lumbar spine. Treatments to date have included oral medications, electrodiagnostic studies of the lower extremities on 10/16/2012 which showed bilateral chronic and ongoing denervation in the bilateral L3-4 lumbar radiculopathy patterns, an MRI of the lumbar spine on 10/16/2012, x-rays of the lumbar spine which showed disc space height narrowing at L3-5 greater than L5-S1, and an intramuscular injection on 03/17/2015. The progress report dated 03/17/2015 indicates that the injured worker had constant pain in the low back, with radiation of pain into the lower extremities. It was noted that her pain was worsening. Her pain was rated 8 out of 10. The objective findings include palpable lumbar paravertebral muscle tenderness with spasm, positive seated nerve root test, guarded and restricted range of motion of the lumbar spine, tingling and numbness in the anterolateral thigh, anterolateral leg, anterior knee, and medial leg and foot in the L4 and L5 dermatomal pattern. The treating physician requested one electromyography/nerve conduction velocity (EMG/NCV) of the right lower extremity as an outpatient for low back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 EMG/ NCV of the right lower extremity: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: According to MTUS guidelines (MTUS page 303 from ACOEM guidelines), "Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks." EMG has excellent ability to identify abnormalities related to disc protrusion (MTUS page 304 from ACOEM guidelines). According to MTUS guidelines, needle EMG study helps identify subtle neurological focal dysfunction in patients with neck and arm symptoms. "When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks (page 178)." EMG is indicated to clarify nerve dysfunction in case of suspected disc herniation (page 182). EMG is useful to identify physiological insult and anatomical defect in case of neck pain (page 179). In this case, there is no clear evidence of significant change in symptoms and no evidence that the patient developed new pathology. Therefore, the request for EMG/NCV study of the right lower extremity is not medically necessary.