

Case Number:	CM15-0111081		
Date Assigned:	06/17/2015	Date of Injury:	01/09/2014
Decision Date:	08/18/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/09/2015

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, Pain Management

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 01/09/2014. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having left leg radiculopathy and rule out neurologic compression. Treatment and diagnostic studies to date has included laboratory studies, lumbosacral myelogram, electromyogram with nerve conduction velocity, and use of a cane. In a progress note dated 04/29/2015 the treating physician reports complaints of severe back pain that radiates to the left leg with numbness and tingling down the foot. Examination reveals a limp on the left with gait, decreased sensation to the left lumbar five to sacral one dermatome, and a positive straight leg raise on the left. The treating physician requested an electromyogram with nerve conduction velocity to the bilateral lower extremities noting that recommendations cannot be made until the physician has a visualization of neurologic structures along with noting previous electromyogram with nerve conduction velocity was performed during an Agreed Medical Evaluation but the results were not given to the treating physician and therefore would like another one performed by the treating physician's preferred physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG Left lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305, 309.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Electrodiagnostic Studies.

Decision rationale: Regarding the request for EMG of the left lower extremity, ACOEM Chapter 12 states that electromyography, include H-reflex tests, may be useful to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting more than 3 to 4 weeks. The electromyography component of electrodiagnostic testing is in fact the primary component in detecting lumbar radiculopathy. Within the submitted documentation, a prior electrodiagnostic study was performed in February 2015. There was a finding of bilateral L4-S1 nerve root impingement. The progress notes document exam findings consistent with radiculopathy and the lumbar MRI appear to show pathology to support this as well. The requesting physician is now ordering another study to be done by a preferred electromyographer despite stating that the report of the previous electrodiagnostic is not available. Given that another repeat study would be unlikely to add any additional diagnostic value, this request is not medically necessary.

NCV Left lower extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, Lumbar & Thoracic (Acute & Chronic) - Nerve conduction studies (NCS).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Nerve Conduction Studies, Electrodiagnostic Studies.

Decision rationale: With regard to the request for NCS of the lower extremity, ACOEM Chapter 12 on page 303 states: "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." The update to ACOEM Chapter 12 Low Back Disorders on pages 60-61 further states: "The nerve conduction studies are usually normal in radiculopathy (except for motor nerve amplitude loss in muscles innervated by the involved nerve root in more severe radiculopathy and H-wave studies for unilateral S1 radiculopathy). Nerve conduction studies rule out other causes for lower limb symptoms (generalized peripheral neuropathy, peroneal compression neuropathy at the proximal fibular, etc.) that can mimic sciatica." Note that these guidelines supersede those of the ODG, which recommend against NCS for low back pathology, since the ACOEM is directly adopted by the CA MTUS. Therefore, nerve conduction studies are recommended in evaluations for lumbar radiculopathy. In the case of this injured worker, there is documentation of a prior electrodiagnostic study performed in February 2015. There was a finding of bilateral L4-S1 nerve root impingement. The progress notes document exam findings consistent with radiculopathy and the lumbar MRI appear to show pathology to support this as well. The requesting physician is now ordering another study to be done by a preferred electromyographer despite stating that the report of the previous electrodiagnostic is not available. Given that another repeat study would be unlikely to add any additional diagnostic value, this request is not medically necessary.

EMG Right lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305, 309.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Electrodiagnostic Studies.

Decision rationale: Regarding the request for EMG of the right lower extremity, ACOEM Chapter 12 states that electromyography, include H-reflex tests, may be useful to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting more than 3 to 4 weeks. The electromyography component of electrodiagnostic testing is in fact the primary component in detecting lumbar radiculopathy. Within the submitted documentation, a prior electrodiagnostic study was performed in February 2015. There was a finding of bilateral L4-S1 nerve root impingement. The progress notes document exam findings consistent with radiculopathy and the lumbar MRI appear to show pathology to support this as well. The requesting physician is now ordering another study to be done by a preferred electromyographer despite stating that the report of the previous electrodiagnostic is not available. Given that another repeat study would be unlikely to add any additional diagnostic value, this request is not medically necessary.

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