

Case Number:	CM15-0112053		
Date Assigned:	06/18/2015	Date of Injury:	03/16/1999
Decision Date:	07/17/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	06/10/2015

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 66 year old male, who sustained an industrial injury on 3/16/99. Initial complaints were not reviewed. The injured worker was diagnosed as having lumbar radiculopathy; status post lumbar surgery; right shoulder pain. Treatment to date has included epidural steroid injections; medications. Currently, the PR-2 notes dated 6/2/15 indicated the injured worker was in this office as a follow-up for epidural that was denied. The provider notes he has a long history of back pain and has had lumbar laminectomy in the 1990's after a car accident while working. His surgeon has since retired and records have been transferred for another physician. His last epidural was in 2013 of a series of 4 which relieved his pain for 6 months. He is also complaining of right shoulder pain that is not work related. He also notices that despite working out in the gym and golfing regularly, he notices a loss of muscle mass in the left calf over the last year or so. He has a surgical history for bilateral arthroscopic knees; cervical spinal fusion; lumbar spinal decompression; right ulnar nerve repair. On physical examination the provider notes the cervical exam of pain over the paraspinal muscles and no pain on range of motion; rotation is full -60 degrees and left lateral rotation is 60 degrees. He finds testing negative for right and left Spurling's sign. The lumbar spine exam notes tenderness to palpation over the spinous process and paraspinal muscles. Tenderness is noted in the right anterior shoulder. He has pain in all directions for range of motion. His forward flexion hands to shins, right and left heel/toe walk is without difficulty. His upper extremities sensation notes bilateral intact to light touch. Lower extremity exam for straight leg notes right negative to 90 and left 30. He has a femoral nerve stretch test as negative and Faber's test negative. Sensation

bilaterally is intact to light touch and the left notes diminished lateral thigh, diminished shin; proximal diminished shin-distal; diminished lateral afoot; diminished dorsum foot hypersensitive. Of special note, PR-2 notes indicated the injured worker "does not get leg pain, numbness or tingling, just a catching sharp pain when he rotates. His is numb on the left lower extremity from the knee down. That was from one of his lumbar surgeries, and he suffers from peripheral neuropathy of both hands and left foot. [REDACTED]

[REDACTED] He also suffers from skin cancer and has chemotherapy. He has had epidural steroids injections in the past, has not had anything recently. They did seem to work to relieve him of his pain and he would like to trial another one. He refuses any EMGs. They caused him too much pain in the past." To the contrary, the provider has requested an EMG/NCV study of the lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG of the bilateral lower extremities: 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 Chapter, EMG.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Special studies and diagnostic and treatment considerations 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, the patient refuses any EMGs due to his past experience. Therefore, the request for EMG of bilateral lower extremities is not medically necessary.

NCV of the bilateral lower extremities: 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 Chapter, NCV.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Special studies and diagnostic and treatment considerations 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). Because the patient is unable to tolerate the EMG portion, the test will not provide the diagnostic yield needed. Therefore, the request for NCV of bilateral lower extremities is not medically necessary.