

Case Number:	CM15-0116526		
Date Assigned:	06/24/2015	Date of Injury:	07/18/2012
Decision Date:	08/25/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/16/2015

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 44 year old female who sustained an industrial injury on July 18, 2012. She has reported abdominal pain and has been diagnosed with status post hernia repair with symptomatic mesh. Treatment has included injection, medications, surgery, physical therapy, and acupuncture. On examination, there was a guarded gait with tenderness to the right inguinal area. The treatment request included an EMG of the left lower extremity, NCV of the right lower extremity, NCV of the left lower extremity, and EMG of the right lower extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG of the left lower extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Table 12 - 8.

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 under EMGs (electromyography).

Decision rationale: This patient is status post-surgery for inguinal hernia repair and presents with residual lower extremity pain. The current request is for EMG of the left lower extremity. The RFA is dated 04/17/15. Treatment has included injection, medications, surgery, physical therapy, and acupuncture. The patient is not working. For EMG, the ACOEM Guidelines page 303 states "Electromyography, including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks." ODG Low Back chapter under EMGs -electromyography- ODG states, "Recommended as an option needle, not surface. EMGs 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." According to Doctor's first report dated 04/17/15, the patient continues to have post hernia repair pain in the stomach and right inguinal area. Examination revealed a guarded gait with tenderness to the right inguinal area. The patient reported lower extremity pain and weakness. The treater would like to rule out femoral or other nerve injury. Recommendation was made for EMG and NCV testing of the lower extremities. There is no indication that prior EMG testing has been done. The treater has shown concern of possible nerve damage following this patient's hernia repair. Given the patient's continued complaints of pain with radicular components, further diagnostic testing may be useful to obtain unequivocal evidence of radiculopathy. The requested EMG IS medically necessary.

EMG of the right lower extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): table 12-8.

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 under EMGs -electromyography.

Decision rationale: This patient is status post-surgery for inguinal hernia repair and presents with residual lower extremity pain. The current request is for EMG of the right lower extremity. The RFA is dated 04/17/15. Treatment has included injection, medications, surgery, physical therapy, and acupuncture. The patient is not working. For EMG, the ACOEM Guidelines page 303 states "Electromyography, including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks." ODG Low Back chapter under EMGs -electromyography- ODG states, "Recommended as an option needle, not surface. EMGs 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." According to Doctor's first report dated 04/17/15, the patient continues to have post hernia repair pain in the stomach and right inguinal area. Examination revealed a guarded gait with tenderness to the right inguinal area. The patient reported lower extremity pain and weakness. The treater would like to rule out femoral or other nerve injury. Recommendation was made for EMG and NCV testing of the lower extremities. There is no indication that prior EMG testing has been done. The treater has shown concern of possible nerve damage following this patient's hernia repair. Given the patient's continued complaints of pain with radicular components, further diagnostic testing may be useful to obtain unequivocal evidence of radiculopathy. The requested EMG IS medically necessary.

NCV of the left lower extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): table 12-8.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter under Nerve conduction studies (NCS).

Decision rationale: This patient is status post-surgery for inguinal hernia repair and presents with residual lower extremity pain. The current request is for NCV of the left lower extremity. The RFA is dated 04/17/15. Treatment has included injection, medications, surgery, physical therapy, and acupuncture. The patient is not working. MTUS and ACOEM Guidelines do not discuss NCV. However, ODG Guidelines have the following regarding NCV studies, "Not recommended. There is no justification performing nerve conduction studies when the patient has presumed symptoms on the basis of radiculopathy. The systematic review and meta-analysis demonstrate that neurologic testing procedures do have limited overall diagnostic accuracy in detecting disk herniation with suspected radiculopathy." According to Doctor's first report dated 04/17/15, the patient continues to have post hernia repair pain in the stomach and right inguinal area. Examination revealed a guarded gait with tenderness to the right inguinal area. The patient reported lower extremity pain and weakness. The treater would like to rule out femoral or other nerve injury. Recommendation was made for EMG and NCV testing of the lower extremities. Review of the reports provided does not indicate that this patient has had a prior NCV conducted. In this case, the treater is concerned about damaged femoral or other nerve, so NCV would be indicated. This request IS medically necessary.

NCV of the right lower extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Table 12-8.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter under Nerve conduction studies (NCS).

Decision rationale: This patient is status post-surgery for inguinal hernia repair and presents with residual lower extremity pain. The current request is for NCV of the right lower extremity. The RFA is dated 04/17/15. Treatment has included injection, medications, surgery, physical therapy, and acupuncture. The patient is not working. MTUS and ACOEM Guidelines do not discuss NCV. However, ODG Guidelines have the following regarding NCV studies, "Not recommended. There is no justification performing nerve conduction studies when the patient has presumed symptoms on the basis of radiculopathy. The systematic review and meta-analysis demonstrate that neurologic testing procedures do have limited overall diagnostic accuracy in detecting disk herniation with suspected radiculopathy." According to Doctor's first report dated 04/17/15, the patient continues to have post hernia repair pain in the stomach and right inguinal

area. Examination revealed a guarded gait with tenderness to the right inguinal area. The patient reported lower extremity pain and weakness. The treater would like to rule out femoral or other nerve injury. Recommendation was made for EMG and NCV testing of the lower extremities. Review of the reports provided does not indicate that this patient has had a prior NCV conducted. In this case, the treater is concerned about damaged femoral or other nerve, so NCV would be indicated. This request IS medically necessary.