

Case Number:	CM15-0122026		
Date Assigned:	07/06/2015	Date of Injury:	03/12/2004
Decision Date:	08/26/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	06/24/2015

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 55 year old male, who sustained an industrial injury on March 12, 2004. He reported an injury to his right shoulder and neck. Treatment to date has included right shoulder surgery, lumbar laminectomy, discectomy and fusion, right carpal tunnel release, MRI of the cervical spine, EMG/NCV of the physical therapy, lumbar epidural steroid injection, and medications. Currently, the injured worker complains of low back pain with right lower extremity radicular pain, numbness and tingling. On physical examination, the injured worker had decreased range of motion and pain upon range of motion. He had decreased sensation to pinprick over the left lower extremity with no obvious motor strength noted. An MRI of the cervical spine on June 16, 2014 revealed a loss of normal cervical lordosis with degenerative changes at multiple levels, left paracentral disc spur complex and left facet hypertrophy causing left foraminal narrowing at C3-4. The diagnoses associated with the request include status post L4-5 fusion, low back pain and left lower limb radiculopathy. The treatment plan includes bilateral EMG/NCV of the lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyograph (EMG) of the left lower extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints, Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, Electrodiagnostic testing.

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

Decision rationale: The patient presents with low back pain and right lower limb radicular pain with tingling and numbness. The request is for electromyograph (EMG) of the left lower extremity. Patient is status post multiple lumbar spine surgeries. Physical examination to the lumbar spine on 05/05/15 revealed tenderness to palpation over the paraspinal muscle area. Examination to the left lower extremity revealed decreased sensation to pinprick and rolling wheel over the anterolateral and posterolateral thigh and calf areas as well as the dorsolateral surface of the left foot. Patient's treatments have included lumbar ESIs, lumbar spine surgeries, physical therapy and pain management. Per 04/07/15 progress report, patient's diagnosis includes s/p fusion L4-5 and low back pain left limb radiculopathy. Patient is retired. For EMG, 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." In progress report dated 05/05/15, under treatment plan, treater states, "...I would like the patient to undergo EMG/NCV studies of the lower extremity to assess lumbar radiculopathy versus peripheral neuropathy." Per progress report dated 06/25/14, EMG/NCV of the upper extremities showed diabetic polyneuropathy. Review of the medical records provided do not indicate a prior electromyograph (EMG) of the lower extremities. ACOEM supports this testing for patients presenting with low back pain. The request is reasonable. Therefore, the request is medically necessary.

Nerve conduction velocity (NCV) of the left lower extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints, Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, Nerve conduction studies.

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 Chapter, under Nerve conduction studies.

Decision rationale: The patient presents with low back pain and right lower limb radicular pain with tingling and numbness. The request is for nerve conduction study (NCV) of the left lower extremity. Patient is status post multiple lumbar spine surgeries. Physical examination to the lumbar spine on 05/05/15 revealed tenderness to palpation over the paraspinal muscle area. Examination to the left lower extremity revealed decreased sensation to pinprick and rolling wheel over the anterolateral and posterolateral thigh and calf areas as well as the dorsolateral surface of the left foot. Patient's treatments have included lumbar ESIs, lumbar spine surgeries, physical therapy and pain management. Per 04/07/15 progress report, patient's diagnosis

includes s/p fusion L4-5 and low back pain left limb radiculopathy. Patient is retired. Regarding Nerve conduction studies, ODG guidelines Low Back Chapter, under 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 progress report dated 03/03/15 under treatment plan, treater states, "...I would like the patient to undergo EMG/NCV studies of the lower extremity to assess lumbar radiculopathy versus peripheral neuropathy." Per progress report dated 06/25/14, EMG/NCV of the upper extremities showed diabetic polyneuropathy. Review of the medical records provided did not indicate a prior NCV of the lower extremity. Guidelines do not support NCV studies to address radiating leg symptoms when these are presumed to be coming from the spine. In this case however, since the patient is diabetic and there is concern with peripheral neuropathy, the request seems to be reasonable. Therefore, the request is medically necessary.

Electromyograph (EMG) of the right lower extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints, Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, Electrodiagnostic testing.

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

Decision rationale: The patient presents with low back pain and right lower limb radicular pain with tingling and numbness. The request is for electromyograph (EMG) of the right lower extremity. Patient is status post multiple lumbar spine surgeries. Physical examination to the lumbar spine on 05/05/15 revealed tenderness to palpation over the paraspinal muscle area. Examination to the left lower extremity revealed decreased sensation to pinprick and rolling wheel over the anterolateral and posterolateral thigh and calf areas as well as the dorsolateral surface of the left foot. Patient's treatments have included lumbar ESI, lumbar spine surgeries, physical therapy and pain management. Per 04/07/15 progress report, patient's diagnosis includes s/p fusion L4-5 and low back pain left limb radiculopathy. Patient is retired. For EMG, 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." In progress report dated 05/05/15, under treatment plan, treater states, "...I would like the patient to undergo EMG/NCV studies of the lower extremity to assess lumbar radiculopathy versus peripheral neuropathy." Per progress report dated 06/25/14, EMG/NCV of the upper extremities showed diabetic neuropathy. Review of the medical records provided do not indicate a prior electromyograph (EMG) of the lower extremities. ACOEM supports this testing for patients presenting with low back pain. The request is reasonable. Therefore, the request is medically necessary.

Nerve conduction velocity (NCV) of the right lower extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints, Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, Nerve conduction studies.

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 Chapter, under Nerve conduction studies.

Decision rationale: The patient presents with low back pain and right lower limb radicular pain with tingling and numbness. The request is for nerve conduction study (NCV) OF the right lower extremity. Patient is status post multiple lumbar spine surgeries. Physical examination to the lumbar spine on 05/05/15 revealed tenderness to palpation over the paraspinal muscle area. Examination to the left lower extremity revealed decreased sensation to pinprick and rolling wheel over the anterolateral and posterolateral thigh and calf areas as well as the dorsolateral surface of the left foot. Patient's treatments have included lumbar ESIs, lumbar spine surgeries, physical therapy and pain management. Per 04/07/15 progress report, patient's diagnosis includes s/p fusion L4-5 and low back pain left limb radiculopathy. Patient is retired.Regarding Nerve conduction studies, ODG guidelines Low Back Chapter, under 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 progress report dated 03/03/15 under treatment plan, treater states, "...I would like the patient to undergo EMG/NCV studies of the lower extremity to assess lumbar radiculopathy versus peripheral neuropathy." Per progress report dated 06/25/14, EMG/NCV of the upper extremities showed diabetic polyneuropathy. Review of the medical records provided did not indicate a prior NCV of the lower extremity. Guidelines do not support NCV studies to address radiating leg symptoms when these are presumed to be coming from the spine. In this case however, since the patient is diabetic and there is concern with peripheral neuropathy, the request seems to be reasonable. Therefore, the request is medically necessary.