

Case Number:	CM15-0165146		
Date Assigned:	09/02/2015	Date of Injury:	09/03/2013
Decision Date:	12/01/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	08/24/2015

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, Arizona

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 39 year old female who sustained an industrial injury September 3, 2013. While lifting a crate of soup, she developed pain in her lumbar spine, radiating to her upper and lower extremities. She was diagnosed with a sprain, strain to the lumbar spine and treated with medication, work restrictions, and a home exercise program. Past history included lumbar spine surgery April 29, 2015. According to a primary treating physician's initial orthopedic evaluation dated August 11, 2015, the injured worker presented with complaints of severe pain in her lumbar spine, rated 8 out of 10, and described as constant pain radiating proximally to her left leg, associated with numbness, tingling, cramping, and burning and swelling, stiffness, locking, left leg gives way, and weakness. She reports that since the injury she has difficulties (unspecified) with; urination, bowel movements, grooming dressing, bathing and showering, writing prolonged standing, sitting, walking, bending, lifting carrying, gripping, driving, sense of touch, libido, restful sleep, and depression and anxiety. Current medication included Buspar, Trazadone, Gabapentin, Flexeril, ibuprofen, Robaxin, Tylenol with Codeine and Norco. Physical examination included; 5'3" and 202 pounds; lumbar spine- positive stoop test; mildly antalgic gait on the right; negative toe walk, positive heel walk; paraspinal tenderness; mild loss of sensation to light touch along the right lateral thigh; positive right sciatic nerve stretch test and muscle weakness with right thigh hip flexion against resistance compared to left. Diagnoses are status post lumbar spine surgery; lumbar spine radiculopathy, clinically. Treatment plan included baseline labs and urine drug screen and medication follow-up with another physician. At issue, is a request for authorization for EMG-NCV bilateral lower extremities. According to utilization review, dated August 18, 2015, the request for EMG-NCV (electromyogram and nerve conduction velocity) studies, right and left lower extremities are non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG Right lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Lumbar & Thoracic (Acute & Chronic) - Electromyography (EMG) and Nerve conduction studies (NCS).

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, NCS/EMG.

Decision rationale: According to the California MTUS, Nerve Conduction and EMG studies can be considered to help identify subtle neurologic dysfunction. These studies can be indicated to identify causes of pain that include radiculopathy, and compression or entrapment neuropathies. They are warranted after failure of conservative management for 4-6 weeks. According to ODG Guidelines, EMG/NCS topic, it is stated that this testing is recommended depending on indications and EMG and NCS are separate studies and should not necessarily be done together. ODG further states, "NCS is not recommended, but EMG is recommended as an option (needle to surface) to obtain unequivocal evidence of radiculopathy, after 1-month of conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious." While there is failure to medication and exercise therapy since injury, there is clinical radiculopathy and history of surgery. There is no clear rationale documented as to why electrodiagnostic studies are warranted, given clinically obvious radiculopathy. There is no clear rationale as to how bilateral NCS/EMG will guide future management. Further clarification is needed. Furthermore, there are no left lower limb deficits noted to warrant studies in the lower extremity. The requests are as a result, not certified for bilateral NCV/EMG of the lower extremities.

NCV Right lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Lumbar & Thoracic (Acute & Chronic) - Electromyography (EMG) and Nerve conduction studies (NCS).

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, NCS/EMG.

Decision rationale: According to the California MTUS, Nerve Conduction and EMG studies can be considered to help identify subtle neurologic dysfunction. These studies can be indicated to identify causes of pain that include radiculopathy, and compression or entrapment neuropathies. They are warranted after failure of conservative management for 4-6 weeks. According to ODG Guidelines, EMG/NCS topic, it is stated that this testing is recommended depending on indications and EMG and NCS are separate studies and should not necessarily be done together. ODG further states, "NCS is not recommended, but EMG is recommended as an option (needle to surface) to obtain unequivocal evidence of radiculopathy, after 1-month of conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious." While there is failure to medication and exercise therapy since injury, there is clinical radiculopathy and history of surgery. There is no clear rationale documented as to why electrodiagnostic studies are warranted, given clinically obvious radiculopathy. There is no clear rationale as to how bilateral NCS/EMG will guide future management. Further clarification is needed. Furthermore, there are no left lower limb deficits noted to warrant studies in the lower extremity. The requests are as a result, not certified for bilateral NCV/EMG of the lower extremities.

EMG Left lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Lumbar & Thoracic (Acute & Chronic) - Electromyography (EMG) and Nerve conduction studies (NCS).

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, NCS/EMG.

Decision rationale: According to the California MTUS, Nerve Conduction and EMG studies can be considered to help identify subtle neurologic dysfunction. These studies can be indicated to identify causes of pain that include radiculopathy, and compression or entrapment neuropathies. They are warranted after failure of conservative management for 4-6 weeks. According to ODG Guidelines, EMG/NCS topic, it is stated that this testing is recommended depending on indications and EMG and NCS are separate studies and should not necessarily be done together. ODG further states, "NCS is not recommended, but EMG is recommended as an option (needle to surface) to obtain unequivocal evidence of radiculopathy, after 1-month of conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious." While there is failure to medication and exercise therapy since injury, there is clinical radiculopathy and history of surgery. There is no clear rationale documented as to why electrodiagnostic studies are warranted, given clinically obvious radiculopathy. There is no clear rationale as to how bilateral NCS/EMG will guide future management. Further clarification is needed. Furthermore, there are no left lower limb deficits noted to warrant studies in the lower extremity. The requests are as a result, not certified for bilateral NCV/EMG of the lower extremities.

NCV Left lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Lumbar & Thoracic (Acute & Chronic) - Electromyography (EMG) and Nerve conduction studies (NCS).

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