

Case Number:	CM15-0167379		
Date Assigned:	09/23/2015	Date of Injury:	05/13/1992
Decision Date:	11/03/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	08/25/2015

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:

This 52-year-old male sustained an industrial injury on 5-13-92. Documentation indicated that the injured worker was receiving treatment for lumbar disc disease with radicular pain and progressive left leg weakness. Magnetic resonance imaging lumbar spine (12-1-14) showed stable postoperative changes at L5-S1 and L4-5 and new left L4-5 neural foraminal disc protrusion deflecting the left L4 nerve root. Recent treatment consisted of chiropractic therapy and medications. In a PR-2 dated 7-28-15, the injured worker stated that his flare continued to be better, although he still had weakness in the left leg. The injured worker rated his pain 5 to 7 out of 10 on the visual analog scale with medications. The injured worker stated that his pain was now radiating down the left leg and that his leg pain was getting worse than his back pain. The injured worker reported he had fallen twice due to left leg weakness. The injured worker continued to work full time. Physical exam was remarkable for "exquisite" pain in the lumbar facets at L3-S1 with pain on loading of the facets, tenderness to palpation to the left sacroiliac joint, triggers present to the left upper and lower gluteal and piriformis with twitch and radiation of pain, 4 out of 5 left plantar flexion and dorsiflexion, positive left straight leg raise and absent left Achilles and patellar reflexes. The injured worker still could not heel or toe walk on the left. The treatment plan included lumbar electromyography and nerve conduction velocity test of the legs, left L4-5 foraminal epidural steroid injections, initiating Arimidex and continuing progesterone. On 8-24-15, Utilization Review noncertified a request for electromyography and nerve conduction velocity test for legs.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyograph (EMG) and nerve conduction velocity (NC) tests for legs: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Electromyography, Electrodiagnostic 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 EMGs (electromyography) Low Back chapter under Nerve conduction studies (NCS).

Decision rationale: Based on the 7/28/15 progress report provided by the treating physician, this patient presents with progressive weakness in left leg, improved flaring pain, radiating left leg pain traveling down to medial aspect of foot, and low back pain. The treater has asked for ELECTROMYOGRAPH (EMG) AND NERVE CONDUCTION VELOCITY (NC) [NCV] TESTS FOR LEGS on 7/28/15. The request for authorization mentioned in the utilization review letter dated 8/24/15 was not included in reports, but a previous request for authorization dated 4/1/15 gave the following diagnoses: chronic pain, thoracolumbar. The patient is s/p discectomy L5-S1 of unspecified date per 4/28/15 report. The patient is s/p unspecified sessions of chiropractic treatment per 7/28/15 report. The patient is s/p 2 recent falls due to left leg weakness, and is afraid to fall at work per 7/28/15 report. The left leg pain is now in the posterior, and his left leg weakness is especially bad when walking up stairs per 6/30/15 report. The patient states his left leg pain is becoming worse than his low back pain per 7/28/15 report. The patient is working full time per 6/30/15 report. ODG-TWC, Low Back chapter under EMGs (electromyography) 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. ODG-TWC, Low Back chapter under Nerve conduction studies (NCS) states, not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms based on radiculopathy. ODG for Electro diagnostic studies states: NCS, which are not recommended for low back conditions, and EMGs, which are recommended as an option for low back. Per review of reports dated 3/31/15 to 8/6/15, the patient has not had prior EMG/NCV of lower extremities. The treater is requesting EMG/NCV of lower extremities per 7/28/15 report, stating, "The leg pain is absolutely related to his low back condition." The treating physician in this case has documented that the patient has persistent lower back pain, which radiates into the left lower extremity with 2 recent falls. Guidelines support EMG studies for patients presenting with radiculopathy in the lower extremities. However, guidelines only support NCV studies of the lower extremities in circumstances where the provider suspects peripheral neuropathy or a neurological condition other than spinal stenosis. In this case, the provider does not suspect any peripheral neuropathy, and as a result, NCV testing cannot be substantiated. Therefore, the request as written is not medically necessary.