MAXIMUS Federal Services

Case Number:	CM15-0170952		
Date Assigned:	09/11/2015	Date of Injury:	03/09/2011
Decision Date:	10/15/2015	UR Denial Date:	08/04/2015
Priority:	Standard	Application Received:	08/31/2015

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, Hawaii
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 46 year old female, who sustained an industrial injury on 03-09-2011. The injured worker is currently temporarily totally disabled. Current diagnoses include lumbar spine herniated nucleus pulposus, secondary sleep deprivation, secondary stress, anxiety, and depression, gastritis secondary to medications, abnormal weight gain, and urological abnormalities with frequent urination. Treatment to date has included medications. Current medications include Motrin, Tramadol, Cyclobenzaprine, Bisacodyl, and Toviaz. Lumbar spine MRI dated 11-23-2014 indicated disc desiccation at L2 down to L5-S1, straightening of lumbar lordotic curvature, disc herniation at L2-3, L3-4, and L4-5 with neuroforaminal narrowing, and disc herniation causing spinal canal stenosis with right foraminal narrowing at L5-S1 per 07-15-2015 progress report. In the same progress note dated 07-15-2015, the injured worker presented with lumbar spine pain which radiates into the bilateral lower extremities. Objective findings included slow ambulation with intermittent use of cane, positive straight leg raise test on the right, and pinwheel sensation on the left lower extremity is less than on the right, especially in the big toes. The physician noted that the injured worker is in need of an updated electromyography-nerve conduction velocity studies of the lumbar spine and bilateral lower extremities due to complaints of "walking on stones at times" and the previous studies are from 06-26-2012 which were within normal limits. In addition, the physician noted that the injured worker's current orthopedic surgeon is retiring and that a second opinion surgical evaluation is necessary. The request for authorization dated 07-15-2015 requests an electromyography-nerve conduction velocity studies to the lumbar spine and bilateral lower extremities and a second

opinion surgical consultation for the lumbar spine. The Utilization Review with a decision date of 08-04-2015 non-certified the request for electromyography-nerve conduction velocity studies (EMG-NCV) of the lumbar spine, EMG-NCV of the bilateral lower extremities, and a second opinion for surgical consultation only.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back-Lumbar and Thoracic (Acute and Chronic): Nerve conduction studies (NCS). (2015) Official Disability Guidelines, Low Back-Lumbar and Thoracic (Acute and Chronic): Electromyography (EMG). (2015).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back Chapter, EMG/NCS.

Decision rationale: The medical records would indicate that the patient has complaints of chronic low back pain which travels into the lower extremities. The request for consideration is an EMG/NCV of the lumbar spine. The MTUS guidelines do not address electrodiagnostic studies. The ODG has this to say with regard to EMGs: Recommended as an option (needle, not surface). EMGs (electromyography) 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. With regard to NCV: Not recommended. Furthermore, the ODG guidelines for electrodiagnostic studies state "The number of tests performed should be the minimum needed to establish an accurate diagnosis." In this case, the documentation provided does not indicate that the patient has had any changes in her condition and the records indicate the patient had previous EMG/NCV studies on 8/4/11 and 6/26/12 with normal findings. Based upon the clinical findings remaining relatively unchanged, the fact that two previous studies have been performed with normal findings and the fact that the ODG recommends against NCV, the request is not considered medically necessary at this time.

EMG/NCV of the BLE: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back-Lumbar and Thoracic (Acute and Chronic): Nerve conduction studies (NCS). (2015) Official Disability Guidelines, Low Back-Lumbar and Thoracic (Acute and Chronic): Electromyography (EMG). (2015).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back Chapter, EMG/NCS.

Decision rationale: The medical records would indicate that the patient has complaints of chronic low back pain which travels into the lower extremities. The request for consideration is an EMG/NCV of the bilateral lower extremities. The MTUS guidelines do not address electrodiagnostic studies. The ODG has this to say with regard to EMGs: Recommended as an option (needle, not surface). EMGs (electromyography) 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. With regard to NCV: Not recommended. Furthermore, the ODG guidelines for electrodiagnostic studies state "The number of tests performed should be the minimum needed to establish an accurate diagnosis." In this case, the documentation provided does not indicate that the patient has had any changes in her condition and the records indicate the patient had previous EMG/NCV studies on 8/4/11 and 6/26/12 with normal findings. Based upon the clinical findings remaining relatively unchanged, the fact that two previous studies have been performed with normal findings and the fact that the ODG recommends against NCV, the request is not considered medically necessary at this time.

1 second opinion surgical consultation only: Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 7, page 127.

Decision rationale: The medical records would indicate that the patient has complaints of chronic low back pain which travels into the lower extremities. The request for consideration is for 1-second opinion surgical consultation only. The attending physician in his report dated 7/15/15, checks a box indicating urinary incontinence and remarks that urology said it was back related. The ACOEM guidelines on page 127 state that specialty referral is indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. In this case, the medical records indicate that the patient hasn't had many significant changes in her signs of symptoms dating back to her initial evaluation. Her previous electrodiagnostic studies have been negative for radiculopathy. MRI findings have noted minimal pathology. However, the ACOEM guidelines do indicate that a specialty referral is indicated to aid in the determination of medical stability and therefore, the request is medically necessary.