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| Case Number: | CM15-0172779 | | |
| Date Assigned: | 09/14/2015 | Date of Injury: | 07/06/2012 |
| Decision Date: | 11/06/2015 | UR Denial Date: | 08/06/2015 |
| Priority: | Standard | Application Received: | 09/02/2015 |

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, Pain Management

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 49-year-old male who sustained an industrial injury on July 12, 2012. Diagnoses have included lumbar stenosis and lumbar disc herniation at L4-5, and he underwent L4-5 laminectomy and discectomy on April 27, 2015. Post-operative treatment has included inpatient rehabilitation in a skilled nursing facility, and pain medication. The injured worker continues to complain of low back and left leg pain, spasms, and diminished range of motion including flexion 30-60 degrees and extension 5-25 degrees with increasing pain on movement. Lower extremity deep tendon reflexes were 2+ bilaterally. The treating physician's plan of care includes Electromyography and nerve conduction velocity of the left and right lower extremities. He is not working. A postsurgical progress from the surgeon report indicates that the patient's lower extremity pain has improved significantly. Physical examination findings reveal normal leg strength.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (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), Low Back (updated 07/17/15) Online version.

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 Chapter, Electrodiagnostic Studies.

Decision rationale: Regarding the request for EMG of the left lower extremity, Occupational Medicine Practice Guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic exam are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery. When a neurologic examination is less clear however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. They go on to state that electromyography may be useful to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting more than 3 to 4 weeks. ODG states that nerve conduction studies are not recommended for back conditions. They go on to state that there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Within the documentation available for review, it appears the patient has recently undergone surgery. Additionally, the surgeon indicates that the patient's lower extremity symptoms have resolved and no neurologic findings were identified on the surgeon's physical examination. It is, therefore, unclear exactly why electrodiagnostic studies are being requested. Additionally, there is no indication as to how the currently requested studies will affect the patient's treatment plan. In the absence of clarity regarding those issues, the currently requested EMG of the left lower extremity is not medically necessary.

Nerve conduction velocity (NCV) left lower extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back (updated 07/17/15) Online version.

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 Chapter, Electrodiagnostic Studies.

Decision rationale: Regarding the request for NCV of the left lower extremity, Occupational Medicine Practice Guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic exam are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery. When a neurologic examination is less clear however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. They go on to state that electromyography may be useful to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting more than 3 to 4 weeks. ODG states that nerve conduction studies are not recommended for back conditions. They go on to state that there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy.

Within the documentation available for review, it appears the patient has recently undergone surgery. Additionally, the surgeon indicates that the patient's lower extremity symptoms have resolved and no neurologic findings were identified on the surgeon's physical examination. It is, therefore, unclear exactly why electrodiagnostic studies are being requested. Additionally, there is no indication as to how the currently requested studies will affect the patient's treatment plan. In the absence of clarity regarding those issues, the currently requested NCV of the left lower extremity is not medically necessary.

EMG right lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation ODG, Low Back (updated 07/17/15) Online version.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Follow-up Visits. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Electrodiagnostic Studies.

Decision rationale: Regarding the request for EMG of the right lower extremity, Occupational Medicine Practice Guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic exam are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery. When a neurologic examination is less clear however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. They go on to state that electromyography may be useful to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting more than 3 to 4 weeks. ODG states that nerve conduction studies are not recommended for back conditions. They go on to state that there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Within the documentation available for review, it appears the patient has recently undergone surgery. Additionally, the surgeon indicates that the patient's lower extremity symptoms have resolved and no neurologic findings were identified on the surgeon's physical examination. It is, therefore, unclear exactly why electrodiagnostic studies are being requested. Additionally, there is no indication as to how the currently requested studies will affect the patient's treatment plan. In the absence of clarity regarding those issues, the currently requested EMG of the right lower extremity is not medically necessary.

NCV right lower extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back (updated 07/17/15) Online version.

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 Chapter, Electrodiagnostic Studies.

Decision rationale: Regarding the request for NCV of the right lower extremity, Occupational Medicine Practice Guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic exam are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery. When a neurologic examination is less clear however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. They go on to state that electromyography may be useful to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting more than 3 to 4 weeks. ODG states that nerve conduction studies are not recommended for back conditions. They go on to state that there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Within the documentation available for review, it appears the patient has recently undergone surgery. Additionally, the surgeon indicates that the patient's lower extremity symptoms have resolved and no neurologic findings were identified on the surgeon's physical examination. It is, therefore, unclear exactly why electrodiagnostic studies are being requested. Additionally, there is no indication as to how the currently requested studies will affect the patient's treatment plan. In the absence of clarity regarding those issues, the currently requested NCV of the right lower extremity is not medically necessary.