MAXIMUS Federal Services

Case Number:	CM15-0172813		
Date Assigned:	09/15/2015	Date of Injury:	09/15/2011
Decision Date:	10/16/2015	UR Denial Date:	08/18/2015
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: Ohio, West Virginia
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Medical Toxicology

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 62 year old male, who sustained an industrial injury on September 15, 2011. He reported neck pain, low back pain with pain radiating into the right hip, buttock, right lateral shin and right ankle. The injured worker was diagnosed as having status post posterior spinal fusion with laminectomy of the lumbar spine and persistent right lower extremity radiculopathy. Treatment to date has included diagnostic studies, lumbar surgery, cervical epidural steroid injection (ESI), medications and activity restrictions. His status was noted as temporarily totally disabled. Currently, the injured worker continues to report low back pain with pain radiating into the right hip, buttock, right lateral shin and right ankle. The injured worker reported an industrial injury in 2012, resulting in the above noted pain. He was without complete resolution of the pain. Evaluation on April 8, 2015 revealed continued pain as noted. It was noted he continued to have persistent radiculopathy despite conservative treatments and increased medications. Evaluation on July 10, 2015, revealed continued pain as noted. Lumbar spine magnetic resonance imaging revealed solid fusion with intact hardware. A noted osteophyte could potentially cause nerve irritation. There were no noted signs of nonunion or and no significant stenosis. EMG and NCS for the lower extremities were recommended. The RFA included requests for EMG of right lower extremity and NCS of right lower extremity and they were non-certified on the utilization review (UR) on August 18, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCS of right lower extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Nerve conduction studies (NCS).

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Examination, Diagnostic Criteria, Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Electrodiagnostic testing (EMG/NCS).

Decision rationale: ACOEM states: "Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks." ODG states in the Low Back Chapter and Neck Chapter, "NCS is not recommended, but EMG is recommended as an option (needle, not surface) to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious." ODG further states "Recommended needle EMG or NCS, depending on indications. Surface EMG is not recommended. Electromyography (EMG) and Nerve Conduction Studies (NCS) are generally accepted, well-established and widely used for localizing the source of the neurological symptoms and establishing the diagnosis of focal nerve entrapment. As CRPS II occurs after partial injury to a nerve, the diagnosis of the initial nerve injury can be made by electrodiagnostic studies." The treating physician documents appropriate clinical evidence of radiculopathy and abnormal neurologic findings to include; persistent buttock pain as well as some distal muscle weakness (clinically obvious sympotmatology) but does not provide a rationale for electro diagnostics outside of the above stated guidelines. There is discussion in the available medical record regarding possible osteophytic causation of the radiculopathy but these findings alone are not consistent with an indication for electrodiagnostic studies per MTUS. As such the request for a NCS of the right lower extremity is deemed not medically necessary.

EMG of right lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Ankle and Foot Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Examination, Diagnostic Criteria. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Electrodiagnostic testing (EMG/NCS).

Decision rationale: ACOEM states: "Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks." ODG states in the Low Back Chapter and Neck Chapter, "NCS is not recommended, but EMG is recommended as an option (needle, not surface) to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious." ODG further states "Recommended needle EMG or NCS, depending on indications. Surface EMG is not

recommended. Electromyography (EMG) and Nerve Conduction Studies (NCS) are generally accepted, well-established and widely used for localizing the source of the neurological symptoms and establishing the diagnosis of focal nerve entrapment. As CRPS II occurs after partial injury to a nerve, the diagnosis of the initial nerve injury can be made by electrodiagnostic studies." The treating physician documents appropriate clinical evidence of radiculopathy and abnormal neurologic findings to include; persistent buttock pain as well as some distal muscle weakness (clinically obvious sympotmatology) but does not provide a rationale for electro diagnostics outside of the above stated guidelines. There is discussion in the available medical record regarding possible osteophytic causation of the radiculopathy but these findings alone are not consistent with an indication for electrodiagnostic studies per MTUS. As such the request for an EMG of the right lower extremity is deemed not medically necessary.