

Case Number:	CM15-0175016		
Date Assigned:	09/16/2015	Date of Injury:	08/01/2014
Decision Date:	11/12/2015	UR Denial Date:	08/07/2015
Priority:	Standard	Application Received:	09/04/2015

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, 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 59 year old female, who sustained an industrial injury on 8-1-14. The injured worker was diagnosed as having sciatica and lumbar disc displacement without myelopathy. The physical examinations reports from 3-27-15 through 6-9-15 revealed 8 out of 10 back pain, lumbar flexion of 40-50 degrees and extension of 10 degrees. There was also objective findings of spasms and guarding noted. Treatments and diagnostics to date has included physical therapy, a lumbar back brace, a lumbar MRI on 12-5-14 showing multilevel broad level disc protrusion L2-L3, L3-L4, L4-L5 and L5-S1, Ibuprofen, Lidoderm patches and Buprenorphine. The IW declined tranforaminal epidural steroid injections to treat the lumbar radiculopathy. As of the PR2 dated 8-6-15, the injured worker reports lower back pain with radicular symptoms. She rates her pain 8 out of 10 without medications and 5 out of 10 with medications. Objective findings include normal muscle tone without atrophy in the bilateral lower extremities and 5 out of 5 muscle strength in the bilateral lower extremities. The sensation to pin prick was decreased on the L4-L5 dermatomes. The treating physician requested an EMG of the bilateral lower extremities x 2 and a NCV of the bilateral lower extremities. The Utilization Review dated 8-7-15, non-certified the request for an EMG of the bilateral lower extremities x 2 and a NCV of the bilateral lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG (Elelctromyogram) right lower extremity times 2: Upheld

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

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

Decision rationale: The CA MTUS and the ODG guidelines recommend that Electromyogram (EMG) studies can be utilized for the evaluation of neurological deficits of the extremities when standard clinical examinations and radiological tests are inconclusive. The records indicate the presence of subjective, objective and radiological findings consistent with lumbar radiculopathy affecting the lower extremities. There was subjective complaints of numbness and tingling sensations and associated reduction to pin prick sensation of the L4-L5 dermatomes. The MRI tests of the lumbar spine showed multilevel disc bulges that are indicative of lumbar radiculopathy. The guidelines noted that EMG studies are unnecessary when the clinical evaluation and MRI findings are consistent with the presence of lumbar radiculopathy. The criteria for EMG studies of the right lower extremity times 2 was not met. The request is not medically necessary.

NCV (nerve conduction velocity), right lower extremity: Upheld

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

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

Decision rationale: The CA MTUS and the ODG guidelines recommend that Nerve Conduction studies (NCV) studies can be utilized for the evaluation of neurological deficits of the extremities when standard clinical examinations and radiological tests are inconclusive. The records indicate the presence of subjective, objective and radiological findings consistent with lumbar radiculopathy affecting the lower extremities. There was subjective complaints of numbness and tingling sensations and associated reduction to pin prick sensation of the L4-L5 dermatomes. The MRI tests of the lumbar spine showed multilevel disc bulges that are indicative of lumbar radiculopathy. The guidelines noted that NCV studies are unnecessary when the clinical evaluation and MRI findings are consistent with the presence of lumbar radiculopathy. The criteria for NCV studies of the right lower extremity was not met. The request is not medically necessary.

EMG (Elelctromyogram), left lower extremity times 2: Upheld

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

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

Decision rationale: The CA MTUS and the ODG guidelines recommend that Electromyogram (EMG) studies can be utilized for the evaluation of neurological deficits of the extremities when standard clinical examinations and radiological tests are inconclusive. The records indicate the presence of subjective, objective and radiological findings consistent with lumbar radiculopathy affecting the lower extremities. There was subjective complaints of numbness and tingling sensations and associated reduction to pin prick sensation of the L4-L5 dermatomes. The MRI tests of the lumbar spine showed multilevel disc bulges that are indicative of lumbar radiculopathy. The guidelines noted that EMG studies are unnecessary when the clinical evaluation and MRI findings are consistent with the presence of lumbar radiculopathy. The criteria for EMG studies of the left lower extremity times 2 was not met. The request is not medically necessary.

NCV (nerve conduction velocity), left lower extremity: Upheld

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

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

Decision rationale: The CA MTUS and the ODG guidelines recommend that Nerve Conduction studies (NCV) can be utilized for the evaluation of neurological deficits of the extremities when standard clinical examinations and radiological tests are inconclusive. The records indicate the presence of subjective, objective and radiological findings consistent with lumbar radiculopathy affecting the lower extremities. There was subjective complaints of numbness and tingling sensations and associated reduction to pin prick sensation of the L4-L5 dermatomes. The MRI tests of the lumbar spine showed multilevel disc bulges that are indicative of lumbar radiculopathy. The guidelines noted that NCV studies are unnecessary when the clinical evaluation and MRI findings are consistent with the presence of lumbar radiculopathy. The criteria for NCV studies of the left lower extremity was not met. The request is not medically necessary.