

Case Number:	CM15-0175094		
Date Assigned:	09/16/2015	Date of Injury:	11/10/2005
Decision Date:	11/06/2015	UR Denial Date:	08/05/2015
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: 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 73 year old male, who sustained an industrial injury on November 10, 2005. He reported injury to his back. The injured worker was currently diagnosed as having L5-S1 disc protrusion, left paracentral with left leg radiculopathy getting worse, radiculopathy-radiculitis getting progressively worse and unresponsive to "excellent conservative treatment." Treatment to date has included diagnostic studies, physical therapy, medications, acupuncture, activity modification and epidural injections. An MRI from 2006 showed presence of disc protrusion at L5-S1 causing stenosis, left paracentral as well as lateral recess stenosis. Degenerative changes were noted at several levels at L5-S1 and also at L4-L5. On July 27, 2015, the injured worker complained of back pain and bilateral leg pain with numbness and weakness. His pain radiated to the left foot dorsally to the L5 distribution as well as S1 distribution. Straight leg raise test was positive on the left side with extension at 60 degrees. Notes stated that further workup was indicated including a new MRI to rule out disc herniation, x-rays to rule out instability and electrodiagnostic studies to show whether there is chronicity involved or if there is an acute or sub-acute findings which would be amenable to surgical intervention. On August 5, 2015, utilization review denied a request for electromyogram (EMG) of the left lower extremity, nerve conduction velocity (NCV) of the left lower extremity, electromyogram (EMG) of the right lower extremity and nerve conduction velocity (NCV) of the right lower extremity. A request for magnetic resonance imaging (MRI) of the lumbar spine was authorized. Notes indicate that MRI was requested for consideration of "future selective spinal injections."

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyogram (EMG) of the 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) - Nerve conduction studies (NCS).

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 that the patient has definitive physical examination findings of radiculopathy in a specific dermatomal distribution. Type mice generally recommend electrodiagnostic studies if the physical examination findings are unclear. Additionally, an MRI was recently authorized and was requested to determine whether any injections may be indicated. It seems reasonable to await the outcome of that MRI study and proceed with any indicated injections prior to requesting further diagnostic testing for the purpose of surgical planning. As such, the currently requested EMG of the left lower extremity is not medically necessary.

Nerve conduction velocity (NCV) of the 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) - Nerve conduction studies (NCS).

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 that the patient has definitive physical examination findings of radiculopathy in a specific dermatomal distribution. Type mice generally recommend electrodiagnostic studies if the physical examination findings are unclear. Additionally, an MRI was recently authorized and was requested to determine whether any injections may be indicated. It seems reasonable to await the outcome of that MRI study and proceed with any indicated injections prior to requesting further diagnostic testing for the purpose of surgical planning. As such, the currently requested NCV of the left lower extremity is not medically necessary.

Electromyogram (EMG) of the right lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Nerve conduction studies (NCS).

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 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 that the patient has definitive physical examination findings of radiculopathy in a specific dermatomal distribution. Type mice generally recommend electrodiagnostic studies if the physical examination findings are unclear. Additionally, an MRI was recently authorized and was requested to determine whether any injections may be indicated. It seems reasonable to await the outcome of that MRI study and proceed with any indicated injections prior to requesting further diagnostic testing for the purpose of surgical planning. As such, the currently requested EMG of the right lower extremity is not medically necessary.

Nerve conduction velocity (NCV) of the right lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Nerve conduction studies (NCS).

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 that the patient has definitive physical examination findings of radiculopathy in a specific dermatomal distribution. Type mice generally recommend electrodiagnostic studies if the physical examination findings are unclear. Additionally, an MRI was recently authorized and was requested to determine whether any injections may be indicated. It seems reasonable to await the outcome of that MRI study and proceed with any indicated injections prior to requesting further diagnostic testing for the purpose of surgical planning. As such, the currently requested NCV of the right lower extremity is not medically necessary.