

Case Number:	CM15-0175687		
Date Assigned:	09/17/2015	Date of Injury:	02/17/2010
Decision Date:	10/20/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	09/08/2015

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, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Family Practice

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 67 year old male who sustained an industrial injury on 2-17-2010. The medical records submitted for this review did not include details regarding the initial injury. Diagnoses include lumbago, disc disorder, degenerative disc disease, sciatica and depressive disorder. Treatments to date include activity modification, medication therapy, and epidural steroid injections. Currently, he complained of increasing pain and "bad episodes occurring more frequently". On 7-22-15, the physical examination documented lumbar tenderness with muscle spasms and trigger point noted. There was decreased lumbar range of motion and tenderness to the left sacroiliac joint. Atrophy was noted in the lower extremities. Reflexes in the left lower extremity were decreased or absent. The injured worker underwent a lumbar myelogram with post-myelogram CT on 3-17-15 noted to reveal degenerative changes with no significant lesion. Electrodiagnostic studies were noted to be obtained most recently in 2012. The provider documented that due to pain in the left leg with progressive weakness, the plan of care included electromyogram and nerve conduction studies (EMG/NCS). The appeal requested muscle test one limb (EMG/NCS) of left lower extremity. The Utilization Review dated 8-11-15, denied the request stating, "There were no progressive radicular complaints or signs to support the request" per the California MTUS ACOEM Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCS of the left lower extremity: Overturned

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

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation ODG, Low Back - Lumbar & Thoracic (Acute & Chronic), EMGs (electromyography), ODG, Low Back - Lumbar & Thoracic (Acute & Chronic), Nerve conduction studies (NCS) and Other Medical Treatment Guidelines Aetna, Nerve Conduction Studies http://www.aetna.com/cpb/medical/data/500_599/0502.html.

Decision rationale: Per the cited ACOEM guideline, electromyography (EMG) may be useful to identify subtle, focal neurologic dysfunction in workers with low back symptoms lasting more than three or four weeks. Diskography is not recommended for assessing acute low back symptoms and there is a high risk of complications for myeloCT and myelography. According to the ODG, EMGs may be recommended to obtain unequivocal evidence of radiculopathy following 1-month conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. Furthermore, per the ODG, nerve conduction studies (NCS) are not recommended in low back radicular symptoms. Diagnostic testing should be ordered when there is an expectation of a change in the treatment recommendation. Reviewing Aetna criteria, NCS are recommended for localization of focal neuropathies or compressive lesions and the injured worker has had a needle EMG study to evaluate the condition either concurrently or within the past year. Treating provider notes from 3-24-15 state that the injured worker's myelogram CT demonstrated small degenerative changes, but there was no surgically significant lesion. However, he did continue to have radicular symptoms and unexplained calf atrophy. Notes from 7-22-15 state worsening symptoms with low back pain, left leg pain, and progressive weakness with focal atrophy. Based on recent clinical information, there is documentation to support obtaining an EMG/NCV of the lower extremities, since there has been change in the injured worker's symptoms since the last EMG/NCV in 2012. Thus, the request for EMG/NCS of the left lower extremity is medically necessary and appropriate based on the cited guidelines when viewed in total.