

Case Number:	CM15-0177335		
Date Assigned:	09/18/2015	Date of Injury:	03/05/1997
Decision Date:	10/20/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	09/09/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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 70 year old female, who sustained an industrial injury on March 5, 1997, incurring low back injuries. She was diagnosed with lumbar degenerative disc disease with bulging, lumbosacral anterolisthesis and lower extremity radiculopathy. Treatment included diagnostic imaging, pain medications, anti-inflammatory drugs, physical therapy, and activity restrictions and modifications. Currently, the injured worker complained of persistent neck and back pain with bilateral lower extremity numbness. She noted her left leg weak and giving way with a near fall. The 8/10/15 physical exam revealed normal gait; absent ankle reflexes and diminished knee reflexes, nonspecific motor and sensory examination. She reported that the prescription, Tramadol helps relieve some of the pain. The injured worker noted that she had back pain 50% of the time, worse with activity radiating to her right leg. In April, 2015, a lumbar Magnetic Resonance Imaging revealed facet arthropathy, right foraminal stenosis, disc bulging, lumbar disc compression and anterolisthesis. The treatment plan that was requested for authorization on September 9, 2015, included Electromyography and Nerve Conduction Velocity studies for the lower extremities. The 8/10/15 document states that if positive this may lead to a minimally invasive surgical procedure. On August 18, 2015, a request for Electromyography and Nerve Conduction Velocity studies was not approved by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyograph (EMG) and nerve conduction velocity (NCV) for lower extremities:
Overturned

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

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

Decision rationale: Electromyograph (EMG) and nerve conduction velocity (NCV) for lower extremities is medically necessary per the MTUS Guidelines and the ODG. The MTUS states that 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. The documentation indicates that the patient is having further weakness and bilateral leg numbness. The exam is non-specific, however the patient has linguistic skills to clarify her symptoms as well. Electrodiagnostic studies are appropriate to help clarify the cause of the patient's increasing weakness. H reflexes would be considered nerve conduction portion of the examination therefore this request for EMG/NCV of the lower extremities is medically necessary.