

Case Number:	CM15-0177964		
Date Assigned:	09/18/2015	Date of Injury:	02/05/2014
Decision Date:	11/10/2015	UR Denial Date:	08/26/2015
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: New York

Certification(s)/Specialty: Internal 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 28 year old male, who sustained an industrial injury on February 5, 2014. The injured worker was being treated for lumbar degenerative disc disease, lumbar myofascial pain, and chronic pain. Medical records (July 14, 2015 to August 12, 2015) indicate ongoing low back pain radiating to the bilateral lower extremities with numbness and tingling. The medical records show the subjective pain rating shows improvement from 7-10 out of 10 on July 14, 2015 to 4 out of 10 on August 12, 2015. Gabapentin is helpful. The physical exam (July 14, 2015 to August 12, 2015) reveals decreased lumbar range of motion, trigger points over the lower back and buttocks with muscle twitch points, intact motor, vaguely decreased sensation in the L5-S1 (lumbar 5-sacral 1) distribution, a good gait, and ability to heel and toe walk without difficulty. Per the treating physician (July 14, 2015 report), an MRI of the lumbar spine revealed degenerative changes with stenosis. Treatment has included at least 20 sessions of physical therapy and chiropractic therapy, at least 6 sessions of acupuncture, a home exercise program, and medications including anti-epilepsy (Gabapentin) and non-steroidal anti-inflammatory (Mobic). Per the treating physician (August 12, 2015 report), the injured worker has not returned to work. On August 14, 2015, the requested treatments included electromyography and nerve conduction study (EMG/NCS) of the bilateral lower extremities. On August 26, 2015, the original utilization review non-certified a request for electromyography and nerve conduction study (EMG/NCS) 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:

Electromyogram (EMG) of the 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): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter--Electrodiagnostic testing (EMG/NCS).

Decision rationale: The California MTUS/ACOEM Guidelines state, "Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks." The ODG regarding nerve conduction studies (NCS) states, "Not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. EMGs (electromyography) are 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." The injured worker is presented as having radiculopathy and there were no symptoms or findings that define evidence of a peripheral neuropathy. There is insufficient information provided by the treating health care provider to establish the medical necessity or rationale for the electrodiagnostic studies. The Requested Treatment: EMG (electromyography) of the left lower extremity is not medically necessary or appropriate.

Nerve conduction study (NCS) of the left 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 (ODG), Low Back - 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) Pain Chapter--Electrodiagnostic testing (EMG/NCS).

Decision rationale: The California MTUS/ACOEM Guidelines state, "Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks." The ODG regarding nerve conduction studies (NCS) states, "Not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. EMGs (electromyography) are 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." The injured worker is presented as having radiculopathy and there were no symptoms or findings that define evidence of a peripheral neuropathy. There is insufficient information provided by the treating health care provider to establish the medical necessity or rationale for the electrodiagnostic studies. The Requested Treatment: Nerve conduction study (NCS) of the left lower extremity is not medically necessary and appropriate.

Electromyogram (EMG) of the 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): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter--Electrodiagnostic testing (EMG/NCS).

Decision rationale: The California MTUS/ACOEM Guidelines state, "Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks." The ODG regarding nerve conduction studies (NCS) states, "Not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. EMGs (electromyography) are 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." The injured worker is presented as having radiculopathy and there were no symptoms or findings that define evidence of a peripheral neuropathy. There is insufficient information provided by the treating health care provider to establish the medical necessity or rationale for the electrodiagnostic studies. The Requested Treatment: Electromyogram (EMG) of the right lower extremity is not medically necessary or appropriate.

Nerve conduction study (NCS) of the 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 (ODG), Low Back - 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) Pain Chapter--Electrodiagnostic testing (EMG/NCS).

Decision rationale: The California MTUS/ACOEM Guidelines state, "Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks." The ODG regarding nerve conduction studies (NCS) states, "Not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. EMGs (electromyography) are 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." The injured worker is presented as having radiculopathy and there were no symptoms or findings that define evidence of a peripheral neuropathy. There is insufficient information provided by the treating health care provider to establish the medical necessity or rationale for the electrodiagnostic studies. The Requested Treatment: Nerve conduction study (NCS) of the right lower extremity is not medically necessary or appropriate.