

Case Number:	CM15-0179429		
Date Assigned:	09/21/2015	Date of Injury:	02/09/1999
Decision Date:	10/27/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	09/11/2015

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: Emergency 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:

This 44 year old male sustained an industrial injury on 2-9-99. Documentation indicated that the injured worker was receiving treatment for lumbar facet arthropathy, lumbar spine radiculitis, lumbar stenosis and iliotibial band syndrome. Magnetic resonance imaging lumbar spine (7-24-15) showed disc bulge and osteophyte formation with bilateral facet hypertrophy at L4-5, and L5-S1 and mild degenerative disc disease at L2-3 without visible neural impingement. In an interventional spine medicine follow-up dated 8-13-15, the injured worker complained of ongoing low back pain. The injured worker stated that Vicoprofen was helpful in reducing pain and improving his ability to tolerate work and activities of daily living. Physical exam was remarkable for lumbar spine with multiple tender points throughout the lumbosacral musculature, multiple taut bands with trigger points, "decreased" range of motion with guarding and apprehension, concordant pain upon lumbar flexion, positive facet compression, distraction and Lasegue's tests, "decreased" Achilles reflex and "decreased" sensation at the L5 distribution. The physician noted that magnetic resonance imaging lumbar spine showed a previous surgical scar with marked stenosis, worse at L4-5, causing central and lateral stenosis with bilateral neural foraminal narrowing impinging on the nerve roots. The physician stated that in light of the magnetic resonance imaging findings and ongoing neurogenic symptoms, he recommended electromyography and nerve conduction velocity test of bilateral lower extremities and a surgical consultation. On 8-19-15, Utilization Review noncertified a request for electromyography and nerve conduction velocity test of bilateral lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV of the bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & thoracic (Acute & chronic) Electrodiagnostic studies, Nerve conduction studies (NCS) 2015.

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

Decision rationale: EMG (Electromyography) and NCV(Nerve Conduction Velocity) studies are 2 different studies that are testing for different pathology. As per ACOEM Guidelines, EMG may be useful in detecting nerve root dysfunction. It is not recommended for clinically obvious radicular symptoms. Patient has clinically obvious radiculopathy supported by MRI findings. It is unclear how EMG is going to change treatment plan. There is no evidence based rationale or any justification noted by the requesting provider. EMG is not medically necessary. As per ACOEM guidelines, Nerve Conduction Velocity studies are contraindicated in virtually all knee and leg pathology unless there signs of tarsal tunnel syndrome or any nerve entrapment neuropathies. There are no such problems documented. NCV is not medically necessary. Both tests are not medically necessary. NCV/EMG of bilateral lower extremity is not medically necessary.