

Case Number:	CM15-0026431		
Date Assigned:	02/18/2015	Date of Injury:	02/15/2012
Decision Date:	09/08/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	02/11/2015

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, Indiana, 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 53-year-old male who sustained an industrial injury on 02-15-12. Initial complaints and diagnoses are not available. Treatments to date include medications, medial branch blocks of L3 and L4, as well as bilateral L5 dorsal ramus blocks, and bilateral epidural steroid injections. Diagnostic studies include a MRI of the lumbar spine. Current complaints include back and lower extremity pain. Current diagnoses include low back pain and lumbar radiculopathy. In a progress note dated 01-09-15 the treating provider reports the plan of care as an electrodiagnostic studies of the bilateral lower extremities. The requested treatment includes electrodiagnostic studies 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:

EMG Study of Bilateral Lower Extremities QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, EMG/NCV.

Decision rationale: Pursuant to the ACOEM and Official Disability Guidelines, bilateral lower extremity EMG studies are not medically necessary. Nerve conduction studies are 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 may be useful to obtain unequivocal evidence of radiculopathy, after one-month conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. The ACOEM states unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging if symptoms persist. In this case, the injured worker's working diagnoses are status post L5-S1 laminectomy 1988; low back pain; and lumbar radiculopathy. The date of injury is February 15, 2012. The request for authorization is January 9, 2015. An EMG/NCV was performed November 11, 2014. There was no evidence of lumbar radiculopathy and there was no evidence of radiation plexopathy. According to a December 17, 2015 progress note, subjective symptoms of low back pain radiate to the bilateral lower extremities. The treating provider reviewed the electrodiagnostic studies. They looked normal. According to a January 9, 2015 progress note, the worker complains of low back pain, right shoulder, thoracic spine and neck pain. Prior treatment includes epidural steroid injections and facet blocks, right shoulder arthroscopy with debridement. MRI showed posterior osteophyte formation at L5-S1 indenting on the left S1 traversing nerve root with bilateral neuroforaminal stenosis, status post left L5-S1 laminectomy, facet arthrosis (1988). EMG testing is recommended to identify subtle, focal neurologic dysfunction in patients with low back symptoms last more than 3 to 4 weeks. The worker underwent EMG studies that were interpreted as normal. There is no clinical indication or rationale for repeating EMG studies of the lower extremities based on the clinical symptoms in the medical record. Consequently, absent clinical documentation for clinical indication and rationale for repeating EMGs of the lower extremities, bilateral lower extremity EMG studies are not medically necessary.