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| Case Number: | CM15-0045855 | | |
| Date Assigned: | 03/18/2015 | Date of Injury: | 03/18/1999 |
| Decision Date: | 05/13/2015 | UR Denial Date: | 02/02/2015 |
| Priority: | Standard | Application Received: | 03/10/2015 |

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: Physical Medicine & Rehabilitation

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 (IW) is a 66-year-old male who sustained an industrial injury on 03/18/1999. Diagnoses include lumbar spine disc bulge, right wrist surgery and left wrist strain. Treatment to date has included medications, surgery, psychotherapy, physical therapy and injections. Diagnostics performed to date included x-rays, MRIs and upper extremity electrodiagnostic studies. According to the progress notes dated 12/2/14, the Injured Worker reported lower back pain, left shoulder pain and bilateral wrist/hand pain. The lower back pain radiated to both legs. The requested service, bilateral lower extremity EMG/NCV, was included in the treatment plan due to prolonged lower extremity neuroradicular complaints.

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: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines chapter 'Low Back - Lumbar & Thoracic (Acute & Chronic)' and topic 'EMGs (electromyography) chapter 'Low Back - Lumbar & Thoracic (Acute & Chronic)' and topic 'Nerve conduction studies (NCS).'

Decision rationale: The patient presents with low back pain radiating to lower extremities, left shoulder pain radiating to neck, and wrist/hand pain. The request is for EMG/NCV of the Bilateral Lower Extremities. The request for authorization is not provided. The patient is status post right wrist/hand surgery, 2012. Testing for this injury consisted of X-rays, MRI scanning, and upper extremity electrodiagnostic studies. No imaging studies are available despite treater's multiple requests. Patient's diagnoses include peripheral neuropathy, lumbar facet arthropathy, lumbar spine disc bulge and rule out lumbar radiculopathy. Physical examination of the back reveals tender bilateral L4-S1 lumbar facets. Positive lumbar facet loading maneuvers. Straight leg raising is negative bilaterally at 60 degrees. Range of motion of the lumbar spine is decreased with pain. Babinski reflex is absent bilaterally. Examination of the lower extremity reveals bilateral hip, knees and ankles with full range of motion. Dullness to pinprick bilateral posterior calves. Straight leg raising unequivocal on the right. Patient has trialed and failed conservative therapies including TENS, physical therapy and NSAID for greater than 6 months. Patient's medications include Gabapentin, Tramadol, Naproxen, Ambien and Topical creams. The patient's work status is not provided. ODG Guidelines, chapter 'Low Back - Lumbar & Thoracic (Acute & Chronic)' and topic 'EMGs (electromyography)', state that EMG studies are "Recommended as an option (needle, not surface). EMGs (electromyography) may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious." ODG Guidelines, chapter 'Low Back - Lumbar & Thoracic (Acute & Chronic)' and topic 'Nerve conduction studies (NCS)', states that NCV 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. (Utah, 2006) This systematic review and meta-analysis demonstrate that neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy." Treater does not discuss the request. The patient continues with low back pain radiating to both legs occurring 100% of the time. Given the patient's lower extremity symptoms, physical examination findings, and diagnoses, EMG/NCS studies would appear reasonable. There is no evidence that this patient has had prior lower extremity EMG/NCS studies done. Therefore, the request is medically necessary.