MAXIMUS Federal Services

Case Number:	CM15-0064057		
Date Assigned:	04/10/2015	Date of Injury:	07/21/1995
Decision Date:	05/19/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	04/03/2015

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:

This 48 year old female sustained an industrial injury to the back on 7/21/95. Previous treatment included magnetic resonance imaging, physical therapy, Polar Care unit, ice/heat, home exercise and medications. In a PR-2 dated 3/14/15, the injured worker complained of lumbar spine pain rated 5-9/10 with radiation into bilateral lower extremities to the toes. The injured worker reported that her Polar Care unit had provided significant relief, however the pad wore out and the injured worker required a replacement. Physical exam was remarkable for lumbar spine with moderately increased lordosis, tenderness to palpation in the pelvic brim and junction as well as the left sciatic notch with decreased range of motion and normal heel toe and toe heel walk. Current diagnoses included thoracic spine sprain/strain and thoracic spine/lumbar spine radiculopathy. The treatment plan included electromyography bilateral lower extremities, continuing medications (Flexeril, Norco, Motrin, Valium and Wellbutrin) and continuing exercise as tolerated.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Electromyography/Nerve Conduction Velocity for the Bilateral Lower Extremities:
Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter: Nerve conduction studies (NCS) & Electrodiagnositic studies (EDS).

Decision rationale: This patient presents with low back and pelvic pain with radiation into the lower extremities bilaterally. The current request is for 1 Electromyography/Nerve Conduction Velocity for the Bilateral Lower Extremities. ACOEM Guidelines page 303 allows for EMG studies with H-reflex test to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3-4 weeks. ODG guidelines have the following regarding EMG studies, "EMG's (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." ACOEM is silent on NCV testing of the lower extremities. ODG Low Back Chapter: Nerve conduction studies (NCS) ODG 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." ODG for Electrodiagnositic studies (EDS) states, "NCS which are not recommended for low back conditions, and EMGs which are recommended as an option for low back."According to a progress report dated 03/14/15, the patient has low back pain with radiation of pain down the buttocks and plantar aspect of the bilateral feet. Examination of the lower back revealed moderate increased lordosis with concavity to the right. There is tenderness in the pelvic area and left sciatic notch.MRI of the lumbar spine on 03/07/15, revealed L4-5 left paramedian annular protrusion with mild displacement of the left L4 nerve root, L5-S1 broad based annular bulging without focal protrusion or herniation, moderate stenosis of the right L5-S1 neural foramen, and L3-4 mild broad based annular bulging. The patient also had an EMG of the bilateral lower extremities on 10/03/08, which revealed L5 radiculopathy bilaterally. The physician states that the patient has "greater pain now on the left and believes that the L4-5 level may be the source of pain; however, an EMG test will conform whether there is any evidence of S1 radiculopathy, which needs to be ruled out." In this case, the treating physician states that the patient's radicular symptoms are progressively increasing and a new diagnostic workup is necessary to establish the presence of radiculopathy. The ODG guidelines for electro diagnostic studies states, "The number of tests performed should be the minimum needed to establish an accurate diagnosis." Given the patient's progressive radicular symptoms, an EMG/NCV to obtain unequivocal evidence of radiculopathy is in accordance with ACOEM/ODG and is medically necessary.