

Case Number:	CM15-0066027		
Date Assigned:	04/13/2015	Date of Injury:	05/16/2012
Decision Date:	05/20/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	04/07/2015

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 45-year-old female who sustained an industrial injury on 05/16/2012. Diagnoses include lumbar sprain/strain. Treatment to date has included medications, physical therapy, and activity modification, bracing and right knee and ankle surgery. Diagnostics included x-rays and MRIs. According to the progress notes dated 3/5/15, the IW reported unchanged back pain with muscle spasms and stiffness. A request was made for EMG/NCV of the bilateral lower extremities to evaluate the IW.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV bilateral lower extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: Based on the 03/05/15 progress report provided by treating physician, the patient presents with low back pain rated 4/10. The request is for EMG/NCV bilateral lower extremity. Patient's diagnosis on 03/05/15 included lumbar strain/sprain. Physical examination to the lumbar spine on 03/05/15 revealed tenderness to palpation and decreased range of motion, especially on extension 15 degrees. MRI of the lumbar spine on 02/12/15 revealed mild to "moderate bilateral foraminal stenosis" at L4-L5. Patient is off work, but may return to full duty, per 03/18/15 treater report. For EMG, ACOEM Guidelines page 303 states, "Electromyography, including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks." Regarding Nerve conduction studies, ODG guidelines Low Back Chapter, under Nerve conduction studies 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 Electrodiagnostic studies (EDS) states, "(NCS) which are not recommended for low back conditions and EMGs (Electromyography) which are recommended as an option for low back." Treater has not provided reason for the request. UR letter dated 03/20/15 states "this individual is being treated for persistent back pain without report of leg pain or numbness or paresthesias or weakness or other neurologic symptoms." However, per 01/13/15 AME report, the patient was permanent and stationary with regards to right ankle, right knee, lumbar spine and left hip. Diagnosis per 01/13/15 AME report included status post right ankle lateral ligament repair 06/02/14, status post right knee partial medial and lateral meniscectomies, chondroplasty and extensive synovectomy 11/01/13, and left hip trochanteric bursitis. Given the patient's continued complaints of pain and bilateral leg components, which include surgical procedures, further diagnostic testing may be useful to obtain unequivocal evidence of radiculopathy. There is no indication prior EMG/NCV testing has been done. Therefore, the request for EMG/NCV of the bilateral lower extremities is medically necessary.