

Case Number:	CM15-0076259		
Date Assigned:	04/27/2015	Date of Injury:	12/15/2008
Decision Date:	07/01/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	04/21/2015

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, Pain Management

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 female who sustained an industrial injury on 12/15/08. The injured worker reported symptoms in the back. The injured worker was diagnosed as having low back pain with radiculopathy. Treatments to date have included activity modification, injections, physical therapy, and oral pain medication. Currently, the injured worker complains of lower back pain with radiation to the lower extremities. The plan of care was for diagnostics and a follow up appointment at a later date.

IMR ISSUES, DECISIONS AND RATIONALES

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

ENG of the Right 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 Official Disability Guidelines (ODG) Low Back Chapter, Electrodiagnostic Studies.

Decision rationale: Regarding the request for EMG of the lower extremities, Occupational Medicine Practice Guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic exam are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery. When a neurologic examination is less clear however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. They go on to state that electromyography may be useful to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting more than 3 to 4 weeks. ODG states that nerve conduction studies are not recommended for back conditions. They go on to state that there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Within the submitted documentation, there are exam findings consistent with radiculopathy, such as absent bilateral ankle reflexes, reduce strength of the left quadracept, tibialis anterior, perineal, and posterior tibialis. There was also finding of diminished sensation in the left calf and first dorsal webspace. in addition, it is documented that the patient has declined clinically. Therefore, a EMG of right lower extremity is indicated at this time to help explain the worsening of symptoms, and rule out other causes. As such, the EMG is medically necessary and should be approved.

NCV of the Right Lower Extremity: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back (updated 03/24/15) - Online Version.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Electrodiagnostic Studies.

Decision rationale: Regarding the request for NCV of the lower extremities, ACOEM Practice Guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic exam are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery. When a neurologic examination is less clear however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. The guidelines further specify that electromyography may be useful to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting more than 3 to 4 weeks. Within the documentation available for review, there is lack of a full neurologic examination documenting abnormalities in the sensory, motor, or Within the submitted documentation, there are exam findings consistent with radiculopathy, such as absent bilateral ankle reflexes, reduce strength of the left quadracept, tibialis anterior, perineal, and posterior tibialis. There was also finding of diminished sensation in the left calf and first dorsal webspace. in addition, it is documented that the patient has declined clinically. Therefore, a nerve conduction study may be beneficial to help explain the worsening of symptoms, and rule out other causes. Therefore, the requested treatment is medically necessary.

NCV of the Left Lower Extremity: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back (updated 03/24/15) - Online Version.

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 Chapter, Electrodiagnostic Studies.

Decision rationale: Regarding the request for NCV of the lower extremities, ACOEM Practice Guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic exam are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery. When a neurologic examination is less clear however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. The guidelines further specify that electromyography may be useful to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting more than 3 to 4 weeks. Within the submitted documentation, there are exam findings consistent with radiculopathy, such as absent bilateral ankle reflexes, reduce strength of the left quadriceps, tibialis anterior, peroneal, and posterior tibialis. There was also finding of diminished sensation in the left calf and first dorsal web space. In addition, it is documented that the patient has declined clinically. Therefore, a nerve conduction study may be beneficial to help explain the worsening of symptoms, and rule out other causes. Therefore, the requested treatment is medically necessary.

EMG of the Left 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 Official Disability Guidelines (ODG) Low Back Chapter, Electrodiagnostic Studies.

Decision rationale: Regarding the request for EMG of the lower extremities, Occupational Medicine Practice Guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic exam are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery. When a neurologic examination is less clear however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. They go on to state that electromyography may be useful to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting more than 3 to 4 weeks. ODG states that nerve conduction studies are not recommended for back conditions. They go on to state that there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Within the submitted documentation, there are exam findings consistent with radiculopathy, such as absent bilateral ankle reflexes, reduce strength of the left quadriceps, tibialis anterior, peroneal, and posterior tibialis. There was also finding of diminished sensation in the left calf and first dorsal web space. In addition, it is documented that the patient has declined clinically.

Therefore, a EMG of left lower extremity is indicated at this time to help explain the worsening of symptoms, and rule out other causes. As such, the EMG is medically necessary and should be approved.