

Case Number:	CM15-0091397		
Date Assigned:	05/15/2015	Date of Injury:	07/01/2004
Decision Date:	06/24/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	05/12/2015

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:

Certification(s)/Specialty:

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 49-year-old female who sustained an industrial injury on 7/1/04. The injured worker was diagnosed as having lumbar pain with radiculopathy and left foot drop. Treatment to date has included sacroiliac joint injections, spinal cord stimulator implantation, oral medications, brace on left foot, lumbar surgery and epidural steroid injection. (CT) computerized tomography scan of lumbar spine was performed on 10/24/14 and revealed postoperative changes of anterior and interbody fusion of L4-5 with posterior decompression, and a small broad-based disc bulge at L3-L4. At a visit on 4/3/15, the injured worker complained of low back pain with radiation down both lower extremities, which is progressively getting worse. Physical exam showed pain to palpation of lumbar spine and pain with range of motion, positive straight leg raise bilaterally, and normal muscle strength bilaterally in the ilioposas, hip intrinsic, quadriceps and hamstrings, with and ankle foot orthosis on the left foot for foot drop. An epidural steroid injection at L3-4 was advised. The epidural steroid injection had been previously denied due to lack of electrodiagnostic data. A request for authorization was submitted for bilateral (EMG) Electromyogram and bilateral (NCS) Nerve Condition Velocity studies to obtain approval for the epidural steroid injection. On 4/9/14, Utilization Review (UR) non-certified requests for the items currently under Independent Medical Review, citing the MTUS, ACOEM and ODG.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG right lower extremity: Upheld

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): 303-304, 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter: EMGs (electromyography), nerve conduction studies.

Decision rationale: This injured worker has chronic low back pain and left foot drop. The ACOEM states that electromyography (EMG) may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. The ODG states that EMG may be useful to obtain unequivocal evidence of radiculopathy after one month of conservative therapy, but that EMGs are not necessary if radiculopathy is already clinically obvious. The ODG states that nerve conduction studies are not recommended, as there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. In this case, the injured worker had a left foot drop. No right sided neurological deficits were described. Due lack of findings consistent with right sided radiculopathy, the request for EMG right lower extremity is not medically necessary.

NCS left lower extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Online Version, Nerve conduction studies (NCS).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304, 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter: EMGs (electromyography), nerve conduction studies.

Decision rationale: The ACOEM states that electromyography (EMG) may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. The ODG states that EMG may be useful to obtain unequivocal evidence of radiculopathy after one month of conservative therapy, but that EMGs are not necessary if radiculopathy is already clinically obvious. The ODG states that nerve conduction studies are not recommended, as there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. This injured worker has chronic low back pain and left foot drop, with prior lumbar surgery and MRI findings as described. As nerve conduction studies are not recommended by the guidelines, the request for NCS left lower extremity is not medically necessary.

NCS right lower extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Online Version, Nerve conduction studies (NCS).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304, 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter: EMGs (electromyography), nerve conduction studies.

Decision rationale: The ACOEM states that electromyography (EMG) may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. The ODG states that EMG may be useful to obtain unequivocal evidence of radiculopathy after one month of conservative therapy, but that EMGs are not necessary if radiculopathy is already clinically obvious. The ODG states that nerve conduction studies are not recommended, as there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. This injured worker has chronic low back pain and left foot drop, with prior lumbar surgery and MRI findings as described. No right sided weakness or neurologic findings were described. As nerve conduction studies are not recommended by the guidelines, the request for NCS right lower extremity is not medically necessary.

EMG 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): 303-304, 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter: EMGs (electromyography), nerve conduction studies.

Decision rationale: The ACOEM states that electromyography (EMG) may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. The ODG states that EMG may be useful to obtain unequivocal evidence of radiculopathy after one month of conservative therapy, but that EMGs are not necessary if radiculopathy is already clinically obvious. The ODG states that nerve conduction studies are not recommended, as there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. This injured worker has chronic low back pain and left foot drop, with prior lumbar surgery and MRI findings as described. An epidural steroid injection was recommended but previously denied due to lack of electrodiagnostic studies. The findings on MRI are discordant with the clinical finding of left foot drop. As such, the EMG would be useful to clarify presence of radiculopathy, which would be necessary to proceed with an epidural steroid injection. As such, the request for EMG left lower extremity is medically necessary.