

Case Number:	CM15-0092023		
Date Assigned:	05/18/2015	Date of Injury:	11/21/2014
Decision Date:	06/18/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	05/13/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 31 year old male, who sustained an industrial injury on 11/21/14. He reported gradual onset of lower back pain. The injured worker was diagnosed as having lumbosacral sprain with radicular symptoms and status post prior L4-5 decompression with fusion 3/13. Treatment to date has included oral medications including narcotics, home exercise program and physical therapy. (MRI) magnetic resonance imaging of lumbar spine performed on 2/23/15 revealed prominent upper lumbar levorotatory scoliosis at L2-3, severe degenerative disc disease, status post bilateral laminectomies with anterior fusion and L5-S1 combination of moderate left facet and ligamentous hypertrophy plus a small left lateral disc bulge slightly compressing the exiting left L5 root. Currently, the injured worker complains of low back pain with radiation to left leg with aching, pins and needles, burning and stabbing sensations of lower back. He also complains of difficulty sleeping due to the pain. The injured worker has completed 3 physical therapy sessions with minimal improvement. The injured is currently working. Physical exam noted decreased range of motion of lumbar spine and left sided lower back pain with supine straight leg raise. The treatment plan included a request for authorization for (EMG) Electromyogram/ (NCV) Nerve Condition Velocity studies of left upper extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCV of the left lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back (Acute and Chronic), Nerve Conduction Studies (NCS).

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

Decision rationale: According to MTUS guidelines (MTUS page 303 from ACOEM guidelines), "Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks." EMG has excellent ability to identify abnormalities related to disc protrusion (MTUS page 304 from ACOEM guidelines). According to MTUS guidelines, needle EMG study helps identify subtle neurological focal dysfunction in patients with neck and arm symptoms. "When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks" (page 178). EMG is indicated to clarify nerve dysfunction in case of suspected disc herniation (page 182). EMG is useful to identify physiological insult and anatomical defect in case of neck pain (page 179). Although the patient developed low back pain, there is no clear evidence that the patient developed peripheral nerve dysfunction or nerve root dysfunction. MTUS guidelines does not recommend EMG/NCV without signs of radiculopathy or nerve dysfunction. Therefore, the request for NCV of the left lower extremity is not medically necessary.

EMG of the left lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back (Acute and Chronic), Electrodiagnostic Studies (EDS) - Electromyography (EMGs).

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

Decision rationale: According to MTUS guidelines (MTUS page 303 from ACOEM guidelines), "Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks." EMG has excellent ability to identify abnormalities related to disc protrusion (MTUS page 304 from ACOEM guidelines). According to MTUS guidelines, needle EMG study helps identify subtle neurological focal dysfunction in patients with neck and arm symptoms. "When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks" (page 178). EMG is indicated to clarify nerve dysfunction in case of suspected disc herniation (page 182). EMG is useful to identify physiological insult and anatomical defect

in case of neck pain (page 179). Although the patient developed low back pain, there is no clear evidence that the patient developed peripheral nerve dysfunction or nerve root dysfunction. MTUS guidelines does not recommend EMG/NCV without signs of radiculopathy or nerve dysfunction. Therefore, the request for EMG of the left lower extremity is not medically necessary.