

Case Number:	CM15-0093410		
Date Assigned:	05/19/2015	Date of Injury:	12/10/2001
Decision Date:	06/19/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/14/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 47 year old male, who sustained an industrial injury on December 10, 2001. He reported being the seat belted driver of a company van, when he was rear-ended by another vehicle with his body forcefully jolted forward and back, with severe pain in the lower back and right leg. The injured worker was diagnosed as having disc protrusion/bulge/herniated nucleus pulposus (HNP), disk degeneration, status post arthrodesis/ALIF/ACDF, status post-surgery, hardware removal, depression, and anxiety. Treatment to date has included selective nerve root block, lumbar spine CT, x-rays, lumbar spine surgery, lumbar spine epidural steroid injections (ESIs), lumbar spine myelogram, home exercise program (HEP), TENS, and medication. Currently, the injured worker complains of constant moderate and occasionally severe low back pain with left leg pain from the knee down to the calf with numbness and tingling, and right leg pain that radiates from his low back to his toes, with numbness and tingling. The Primary Treating Physician's report dated April 9, 2015, noted the injured worker had undergone a right sided selective nerve root block on January 21, 2015, without relief. The injured worker reported stopping his medications due to concern of the side effects that would affect his liver, being prescribed Lyrica, Morphine, and Norco. Examination of the lumbar spine was noted to show pain elicited with all movements, straight leg raise negative with hamstring tightness notes, and bilateral active straight leg raise and knee to chest test elicited low back pain. Hypersensitivity was noted along the L3-S1 dermatome patterns on the right with decreased sensation of L4, L5, and S1 on the left. The injured worker was noted to experience lumbar spine pain with significant radicular symptoms down his lower extremities. A prior CT was

noted to show a solid bony fusion at L4-L5 and L5-S1 with severe bony neuro foraminal narrowing at L4-L5 on the left, with facet arthropathy. The treatment plan was noted to include a request for authorization for a bilateral lower extremity electromyography (EMG) study to rule out neurologic abnormalities and to further assess the lumbar spine nerve roots and peripheral nerves, based on the injured worker's persistent complaints, physical limitations, current examination findings, and evidence of neurologic involvement with the affected dermatome patterns. Requests for authorization were also sought for a lumbar sympathetic block injection, and a medically supervised weight loss plan.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral lower extremity EMG: Upheld

Claims Administrator 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-thoracic and lumbar (acute and chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, EMG/NCV.

Decision rationale: Pursuant to the Official Disability Guidelines, bilateral lower extremity EMG studies are not medically necessary. Nerve conduction studies are not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. EMGs may be useful to obtain unequivocal evidence of radiculopathy, after one month conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. The ACOEM states unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging if symptoms persist. In this case, the injured worker's working diagnoses are disc protrusion/bulge/HNP; disc degeneration; status post arthrodesis/ ALIF/ ACDF; status post surgery; hardware removal. Utilization review states the injured worker already underwent EMG/nerve conduction velocity study of the bilateral lower extremities on February 19, 2014. The results showed moderate chronic L4 - L5, left greater than right, radiculopathy. No peripheral neuropathy was noted. There was no hard copy of the EMG/NCV in the medical record. According to a progress note dated April 9, 2015, the injured worker is repeating the EMG/NCV based on the clinical signs and symptoms. There is no indication the symptoms and/or objective findings have changed/worsened since February 2014. There is no clinical indication rationale for repeating EMG/NCV studies. Consequently, absent clinical documentation of the clinical indication and rationale for repeat EMG/NCV studies, bilateral lower extremity EMG studies are not medically necessary.