

Case Number:	CM15-0094505		
Date Assigned:	05/20/2015	Date of Injury:	05/16/2001
Decision Date:	06/22/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	05/15/2015

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 62 year old male who sustained an industrial injury on 05/16/2001. Current diagnoses include lumbar radiculitis, post-laminectomy syndrome lumbar region, disorders of sacrum, and arthralgia sacroiliac joint. Previous treatments included medication management. Report dated 04/23/2015 noted that the injured worker presented with complaints that included left buttock and sacroiliac joint pain and difficulty standing and walking. Pain level was not included. Physical examination was positive for tenderness in the left sacroiliac joint and over the left iliac crest, and left sacroiliac joint provocative maneuvers are positive. The treatment plan included still needs EMG/NCV and left sacroiliac joint injection, MRI denial needs appeal, and refilled medications. Disputed treatments include 1 EMG/NCV of bilateral lower extremities and 1 EMG/NCV of lumbar spine. The progress note indicates that light touch sensation is reduced in the left anterior lateral calf and left plantar and dorsum of the foot. The patient is also noted to have decreased strength in the left extensor Hallucis longus.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 EMG/NCV of bilateral lower extremities: 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, EMGs, NCS.

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/NCV 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 documentation available for review, there are no physical examination findings supporting a diagnosis of specific nerve compromise in the right lower extremity. Additionally, there is no documentation that the patient has failed conservative treatment directed towards these complaints. Finally, there is no indication that there is a concern about peripheral neuropathy or polyneuropathy to support the use of the nerve conduction velocity portion of the requested testing. Unfortunately, there is no provision to modify the current request. As such, the currently requested EMG/NCV of the lower extremities is not medically necessary.

1 EMG/NCV of lumbar spine: 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, EMGs, NCS.

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/NCV 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 documentation available for review, there are no physical examination findings supporting a diagnosis of specific nerve compromise in the right lower

extremity. Additionally, there is no documentation that the patient has failed conservative treatment directed towards these complaints. Finally, there is no indication that there is a concern about peripheral neuropathy or polyneuropathy to support the use of the nerve conduction velocity portion of the requested testing. Unfortunately, there is no provision to modify the current request. As such, the currently requested EMG/NCV of the lower extremities is not medically necessary.