

Case Number:	CM15-0095630		
Date Assigned:	05/22/2015	Date of Injury:	11/15/2003
Decision Date:	06/24/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	05/18/2015

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 59 year old female, who sustained an industrial injury on 11/15/03. The injured worker has complaints of low back pain. The documentation noted that the lumbosacral spine had pain with lumbar extension/facet loading. The diagnoses have included lumbar spondylosis. Treatment to date has included magnetic resonance imaging (MRI) of the lumbar spine on 11/30/11 showed diffuse degenerative spondylosis with some scoliosis present, multilevel central and neural foraminal stenosis and left lateral hard disk protrusion at L5-S1 (sacroiliac) contributing to left-sided neural foraminal narrowing and nerve root impingement; physical therapy; modification of activities and medications. The request was for EMG (electromyography)/ NCS (nerve conduction study) to bilateral lower extremities. A progress report dated January 7, 2015 shows normal physical examination findings. MRI, x-ray, and EMG of the lower extremities are requested. The progress report dated February 10, 2015 indicates that an MRI was performed of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG (electromyography)/ NCS (nerve conduction study) - 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: Low Back chapter - Nerve Conduction Studies.

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. Additionally, if such findings are present but have not been documented, it is unclear why they recently performed MRI would be insufficient to explain those findings and make further treatment recommendations. In the absence of such documentation, the currently requested EMG/NCV of the lower extremities is not medically necessary.