

Case Number:	CM15-0099903		
Date Assigned:	06/02/2015	Date of Injury:	06/06/2014
Decision Date:	07/10/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	05/26/2015

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

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 56-year-old female, with a reported date of injury of 06/06/2014. The diagnoses include lumbar spine strain and right foot contusion/strain. Treatments to date have included physical therapy, an MRI of the low back, therapy, x-rays of the lumbar spine with normal findings, and an x-ray of the right foot which showed normal findings. The initial evaluation report dated 03/30/2015 indicates that the injured worker complained of pain in her neck, mid back, lower back, chest, right shoulder, right arm, right elbow, right hand, right thigh, and right foot. She also complained of gastrointestinal problems. An examination of the lumbar spine showed pain with range of motion. An examination of the bilateral hips showed no visible deformities, normal range of motion, and no tenderness. An examination of the bilateral knees showed normal range of motion, and no palpable tenderness. An examination of the bilateral ankles and feet showed normal range of motion, and no tenderness to palpation. The neurological examination showed normal findings. The sensory examination showed diminished light touch in the right small finger. The treating physician requested an EMG (electromyography) of the bilateral lower extremities and NCV (nerve conduction velocity) of the bilateral lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) left lower extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 14 Ankle and Foot Complaints.

MAXIMUS 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, has the following regarding EMG studies.

Decision rationale: This patient presents with pain in her neck, mid back, lower back, chest, right shoulder, right arm, right elbow, right hand, right thigh, and right foot. The current request is for Electromyography (EMG) left lower extremity. Treatments to date have included physical therapy, an MRI of the low back, therapy, x-rays of the lumbar spine with normal findings, and an x-ray of the right foot which showed normal findings. For EMG of the lower extremities, the ACOEM Guidelines page 303 states, "Electromyography (EMG), including H-reflex test, may be useful to identify subtle, focal neurological dysfunction in patients with low back pain symptoms lasting more than 3 or 4 weeks." ODG Guidelines, under its low back chapter, has the following regarding EMG studies, "EMG (electromyography) may be useful to obtain unequivocal evidence of radiculopathy, after 1 month of conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious." According to progress report 03/30/15, the patient complains of back pain with intermittent varying sharp and dull pain radiating to the right buttocks along the back of the leg to the calf. There is numbness and tingling into the right foot. MRI of the lumbar spine was showed normal results. There are no prior EMG testing found in the medical records provided. The patient has continued complaints of radiating pain into the lower extremities, MRI report is inconclusive regarding neural impingement and the treating physician is unclear if radiculopathy is present. In this case, the treating physician would like an EMG to establish presence of radiculopathy. The requested EMG is medically necessary.

Nerve conduction velocity (NCV) 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), Low Back (updated 04/15/15) Online Version.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Low Back chapter: Nerve conduction studies (NCS).

Decision rationale: This patient presents with pain in her neck, mid back, lower back, chest, right shoulder, right arm, right elbow, right hand, right thigh, and right foot. The current request is for Nerve conduction velocity (NCV) right lower extremity. Treatments to date have included physical therapy, an MRI of the low back, therapy, x-rays of the lumbar spine with normal findings, and an x-ray of the right foot which showed normal findings. ACOEM is silent on NCV testing of the lower extremities. ODG (Online Low Back chapter: Nerve conduction studies (NCS) ODG states, "Not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy."

ODG for Electrodiagnostic studies (EDS) states, "NCS which are not recommended for low back conditions, and EMGs which are recommended as an option for low back." According to progress report 03/30/15, the patient complains of back pain with intermittent varying sharp and dull pain radiating to the right buttocks along the back of the leg to the calf. There is numbness and tingling into the right foot. MRI of the lumbar spine was showed normal results. The requested NCV study of the right lower extremity is not supported by the guidelines as the patient's leg symptoms are presumed to be radicular. There are no other concerns raised by the treater, such as peripheral neuropathy. The request IS NOT medically necessary.

NCV left lower extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back (updated 04/15/15) Online Version.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Low Back chapter: Nerve conduction studies (NCS).

Decision rationale: This patient presents with pain in her neck, mid back, lower back, chest, right shoulder, right arm, right elbow, right hand, right thigh, and right foot. The current request is for Nerve conduction velocity (NCV) left lower extremity. Treatments to date have included physical therapy, an MRI of the low back, therapy, x-rays of the lumbar spine with normal findings, and an x-ray of the right foot which showed normal findings. ACOEM is silent on NCV testing of the lower extremities. ODG (Online Low Back chapter: Nerve conduction studies (NCS) ODG states, "Not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy." ODG for Electrodiagnostic studies (EDS) states, "NCS which are not recommended for low back conditions, and EMGs which are recommended as an option for low back." According to progress report 03/30/15, the patient complains of back pain with intermittent varying sharp and dull pain radiating to the right buttocks along the back of the leg to the calf. There is numbness and tingling into the right foot. MRI of the lumbar spine was showed normal results. The requested NCV study of the left lower extremity is not supported by the guidelines as the patient's leg symptoms are presumed to be radicular. There are no other concerns raised by the treater, such as peripheral neuropathy. The request IS NOT medically necessary.

EMG right lower extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 14 Ankle and Foot Complaints.

MAXIMUS 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, has the following regarding EMG studies.

Decision rationale: This patient presents with pain in her neck, mid back, lower back, chest, right shoulder, right arm, right elbow, right hand, right thigh, and right foot. The current request is for Electromyography (EMG) right lower extremity. Treatments to date have included physical therapy, an MRI of the low back, therapy, x-rays of the lumbar spine with normal findings, and an x-ray of the right foot which showed normal findings. For EMG of the lower extremities, the ACOEM Guidelines page 303 states, "Electromyography (EMG), including H-reflex test, may be useful to identify subtle, focal neurological dysfunction in patients with low back pain symptoms lasting more than 3 or 4 weeks." ODG Guidelines, under its low back chapter, has the following regarding EMG studies, "EMG (electromyography) may be useful to obtain unequivocal evidence of radiculopathy, after 1 month of conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious." According to progress report 03/30/15, the patient complains of back pain with intermittent varying sharp and dull pain radiating to the right buttocks along the back of the leg to the calf. There is numbness and tingling into the right foot. MRI of the lumbar spine was showed normal results. There are no prior EMG testing found in the medical records provided. The patient has continued complaints of radiating pain into the lower extremities, MRI report is inconclusive regarding neural impingement and the treating physician is unclear if radiculopathy is present. In this case, the treating physician would like an EMG to establish presence of radiculopathy. The requested EMG is medically necessary.