

Case Number:	CM14-0142030		
Date Assigned:	09/10/2014	Date of Injury:	12/07/2013
Decision Date:	10/07/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	09/02/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and Pain Management, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 47-year-old male with date of injury of 12/07/2013. The listed diagnosis per [REDACTED] from 07/30/2013 is low back pain with suggestion of bilateral radiculopathy. According to this report, the patient complains of low back pain. He also continues to report weakness in his bilateral lower extremities, occasionally, felt in both legs but also alternating between legs. The physical examination shows the patient is alert, oriented, in no acute distress. The patient's gait is non-antalgic. There are no obvious anatomical deficits in the lumbar spine. No erythema or edema noted. He does have some mild tenderness to palpation across the bilateral lower lumbar paraspinal musculature. Guarding with attempts in range of motion but is able to attain at least 80% of normal in all planes. Light touch and pinprick exam on his lower extremities were negative. Manual muscle testing reveals 5/5 strength bilaterally. Deep tendon reflexes are 2+ and symmetric. [REDACTED] is absent. The utilization review denied the request on 08/13/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG Right Lower Extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back (updated 7/3/14)Electromyography (EMG)

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) See also Nerve conduction studies (NCS) which are not recommended for low back conditions, and EMGs

Decision rationale: This patient presents with low back pain radiating into the bilateral lower extremities. The treating physician is requesting an EMG of the right lower extremity. The ACOEM Guidelines page 302 states that electromyography (EMG) including H-reflex may be useful to identify subtle focal neurologic dysfunction in patient's with low back symptoms lasting for more than 3 to 4 weeks. In addition, ODG does not recommend NCV. There is minimal justification to perform nerve conduction studies when the patient is presumed to have symptoms on the basis of radiculopathy. The systemic review and meta-analysis demonstrates neurologic testing procedures have limited overall diagnostic accuracy in detecting disk herniation with suspected radiculopathy. In the management of spine trauma with radicular symptoms, EMG/NCV often have low combined sensitivity and specificity in confirming nerve root injury. The records do not show any recent or prior EMG/NCV of the bilateral lower extremities. The 07/30/2014 report notes that the patient continues to complain of lower back pain as well as complains of weakness in his bilateral extremities. In this case, given the patient's persistent low back pain with reports of weakness, an EMG/NCV is reasonable to rule out other possible pathology. The request is medically necessary and appropriate.

NCV Left Lower Extremity: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back (updated 7/3/14)Nerve Conduction Studies (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) See also Nerve conduction studies (NCS)

Decision rationale: This patient presents with low back pain radiating into the bilateral lower extremities. The treating physician is requesting an NCV of the left lower extremity. The ACOEM Guidelines page 302 states that electromyography (EMG) including H-reflex may be useful to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting for more than 3 to 4 weeks. In addition, ODG does not recommend NCV. There is minimal justification to perform nerve conduction studies when the patient is presumed to have symptoms on the basis of radiculopathy. The systemic review and meta-analysis demonstrates neurologic testing procedures have limited overall diagnostic accuracy in detecting disk herniation with suspected radiculopathy. In the management of spine trauma with radicular symptoms, EMG/NCV often have low combined sensitivity and specificity in confirming nerve root injury. The records do not show any recent or prior EMG/NCV of the bilateral lower extremities. The 07/30/2014 report notes that the patient continues to complain of lower back pain as well as complains of weakness in his bilateral extremities. In this case, given the patient's persistent low

back pain with reports of weakness, an EMG/NCV is reasonable to rule out other possible pathology. The request is medically necessary and appropriate.

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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) See also Nerve conduction studies (NCS) which are not recommended for low back conditions, and EMGs (Electromyography)

Decision rationale: This patient presents with low back pain radiating into the bilateral lower extremities. The treating physician is requesting an NCV of the right lower extremity. The ACOEM Guidelines page 302 states that electromyography (EMG) including H-reflex may be useful to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting for more than 3 to 4 weeks. In addition, ODG does not recommend NCV. There is minimal justification to perform nerve conduction studies when the patient is presumed to have symptoms on the basis of radiculopathy. The systemic review and meta-analysis demonstrates neurologic testing procedures have limited overall diagnostic accuracy in detecting disk herniation with suspected radiculopathy. In the management of spine trauma with radicular symptoms, EMG/NCV often have low combined sensitivity and specificity in confirming nerve root injury. The records do not show any recent or prior EMG/NCV of the bilateral lower extremities. The 07/30/2014 report notes that the patient continues to complain of lower back pain as well as complains of weakness in his bilateral extremities. In this case, given the patient's persistent low back pain with reports of weakness, an EMG/NCV is reasonable to rule out other possible pathology. The request is medically necessary and appropriate.

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Decision rationale: This patient presents with low back pain radiating into the bilateral lower extremities. The treating physician is requesting an EMG of the left lower extremity. The ACOEM Guidelines page 302 states that electromyography (EMG) including H-reflex may be useful to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting for more than 3 to 4 weeks. In addition, ODG does not recommend NCV. There is minimal justification to perform nerve conduction studies when the patient is presumed to have symptoms

on the basis of radiculopathy. The systemic review and meta-analysis demonstrates neurologic testing procedures have limited overall diagnostic accuracy in detecting disk herniation with suspected radiculopathy. In the management of spine trauma with radicular symptoms, EMG/NCV often have low combined sensitivity and specificity in confirming nerve root injury. The records do not show any recent or prior EMG/NCV of the bilateral lower extremities. The 07/30/2014 report notes that the patient continues to complain of lower back pain as well as complains of weakness in his bilateral extremities. In this case, given the patient's persistent low back pain with reports of weakness, an EMG/NCV is reasonable to rule out other possible pathology. The request is medically necessary and appropriate.