

Case Number:	CM13-0011680		
Date Assigned:	11/08/2013	Date of Injury:	10/06/2011
Decision Date:	08/12/2014	UR Denial Date:	08/15/2013
Priority:	Standard	Application Received:	08/15/2013

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 & Rehabilitation and is licensed to practice in Illinois. 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 injured worker is a 57-year-old female who reported an injury on 10/06/2011. The mechanism of injury was noted to be pulling a heavy cart. Her prior treatments were noted to be injections and medications. Her diagnosis was noted to be lumbosacral spondylosis without myelopathy; thoracic/lumbosacral neuritis/radiculitis, ankle sprain and strain; and lumbar sprain and strain. The most recent clinical documentation submitted for review was an orthopedic consultation dated 07/30/2013. The injured worker had complaints of constant lumbar spine pain rated at 8/10. She indicated symptoms of numbness and frequent swelling of her bilateral ankles and feet. The physical exam of the lumbar spine noted no defects or surgical incisions, mild tenderness throughout the left lumbosacral spine and left sciatic notch. The injured worker can extend 15 degrees and to twist 20 degrees to the right and 30 degrees to the left. There were no paraspinous spasms with alternative foot stance. Seated straight leg raise was negative bilaterally. Supine straight leg raise was negative bilaterally. There were no increased subjective complaints with ankle plantarflexion. Femoral stretch was negative bilaterally. Seated sensation to light touch and pinprick was decreased on the anterior right thigh. The treatment plan was for an EMG/NCV of the bilateral lower extremities, a refill for Ultram, home exercises, and return in 1 month for re-evaluation. The provider's rationale for the request was provided within the documentation on 07/30/2013. A request for authorization for medical treatment was not provided within the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG of bilateral extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, EMG (electromyography).

Decision rationale: The request for EMG of bilateral extremities is non-certified. The California MTUS/American College of Occupational and Environmental Medicine state: electromyography, including H-reflex tests may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. Discography is not recommended for assessing patients with acute low back symptoms. The Official Disability Guidelines recommend EMG as an option. EMG may be useful to obtain unequivocal evidence of radiculopathy, after 1 month conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. The injured worker's operative report dated 06/04/2013 indicates diagnoses of lumbar radiculopathy and lower leg radiculopathy. According to the guidelines an EMG is not necessary if radiculopathy is already clinically obvious. In addition, the request does not indicate whether the extremities to be evaluated are upper or lower extremities. Therefore, the request for EMG of bilateral extremities is non-certified.

NCV of bilateral extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Nerve Conduction studies (NCS).

Decision rationale: The request for NCV of bilateral extremities is non-certified. The Official Disability Guidelines do not recommend nerve conduction studies. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. According to the clinical documentation submitted for review, the injured worker was noted to have radiculopathy on an operative report dated 06/04/2013. In addition, it is not noted if the upper or lower extremities are presented for review. Therefore, the request for NCV of bilateral extremities is non-certified.