

Case Number:	CM13-0014055		
Date Assigned:	10/11/2013	Date of Injury:	08/03/2012
Decision Date:	08/01/2014	UR Denial Date:	08/08/2013
Priority:	Standard	Application Received:	08/20/2013

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 Occupational Medicine 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 59-year-old male, with a date of injury of August 03, 2012. Subsequent to a lifting injury, this patient developed progressive low back pain with radicular symptoms. Pre-operative MRI studies revealed widespread spondylosis with multiple levels of nerve root impingement. Pre-operative electrodiagnostics revealed bilateral L4-5 radiculopathy. He subsequently underwent T10 to S1 decompression surgery. Post operatively there was some improvement in pain, but he continued to be wheelchair bound with complaints of bilateral numbness in his legs and right sided pain greater than left sided pain. Physical exam revealed a myelopathic gait and bilateral decreased sensation in the first web space bilaterally. Reflexes were normal; he was able to rise on his toes and heels.

IMR ISSUES, DECISIONS AND RATIONALES

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

An Electromyogram (EMG) of the left lower extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation ODG Low Back, EMGs (electromyography).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation National Institutes of Health's PubMed Database.

Decision rationale: The California MTUS Guidelines do not address this issue in adequate detail. Evidence states that electrodiagnosis, which includes nerve conduction and needle electromyographic studies, is an essential element in the evaluation of peripheral neuropathies. A systematic approach to the electrodiagnostic evaluation aids in clarifying the distribution and extent of involvement, type of nerve damage, and time course. When these data are combined with clinical information, a full characterization of the neuropathy is possible leading to a sound differential diagnosis and selection of rational tests to order. In this case, the pre-operative studies were positive for a bilateral L4-5 radiculopathy. The exam documents specific sensation loss in the first web spaces bilaterally. With the bilateral symptoms and exam findings, a complete bilateral electrodiagnostic test appears medically reasonable. It is medically reasonable to test for a potential peripheral neuropathy (EMG and NCV bilaterally) complicating his current presentation after the lumbar surgery. It is well established that both EMG and NCV studies bilaterally are medically necessary if nerve dysfunction is suspected and the diagnosis is not clear. Therefore, the request is medically necessary.

A Nerve Conduction Velocity (NCV) of the right lower extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation ODG Low Back, Nerve Conduction Studies (NCS).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation National Institutes of Health's PubMed Database.

Decision rationale: The California MTUS Guidelines do not address this issue in adequate detail. Evidence states that electrodiagnosis, which includes nerve conduction and needle electromyographic studies, is an essential element in the evaluation of peripheral neuropathies. A systematic approach to the electrodiagnostic evaluation aids in clarifying the distribution and extent of involvement, type of nerve damage, and time course. When these data are combined with clinical information, a full characterization of the neuropathy is possible leading to a sound differential diagnosis and selection of rational tests to order. In this case, the pre-operative studies were positive for a bilateral L4-5 radiculopathy. The exam documents specific sensation loss in the first web spaces bilaterally. With the bilateral symptoms and exam findings, a complete bilateral electrodiagnostic test appears medically reasonable. It is medically reasonable to test for a potential peripheral neuropathy (EMG and NCV bilaterally) complicating his current presentation after the lumbar surgery. It is well established that both EMG and NCV studies bilaterally are medically necessary if nerve dysfunction is suspected and the diagnosis is not clear. Therefore, the request is medically necessary.

A Nerve Conduction Velocity (NCV) of the left lower extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation ODG Low Back, Nerve Conduction Studies (NCS).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation National Institutes of Health's PubMed Database.

Decision rationale: The California MTUS Guidelines do not address this issue in adequate detail. Evidence states that electrodiagnosis, which includes nerve conduction and needle electromyographic studies, is an essential element in the evaluation of peripheral neuropathies. A systematic approach to the electrodiagnostic evaluation aids in clarifying the distribution and extent of involvement, type of nerve damage, and time course. When these data are combined with clinical information, a full characterization of the neuropathy is possible leading to a sound differential diagnosis and selection of rational tests to order. In this case, the pre-operative studies were positive for a bilateral L4-5 radiculopathy. The exam documents specific sensation loss in the first web spaces bilaterally. With the bilateral symptoms and exam findings, a complete bilateral electrodiagnostic test appears medically reasonable. It is medically reasonable to test for a potential peripheral neuropathy (EMG and NCV bilaterally) complicating his current presentation after the lumbar surgery. It is well established that both EMG and NCV studies bilaterally are medically necessary if nerve dysfunction is suspected and the diagnosis is not clear. Therefore, the request is medically necessary.