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| Case Number: | CM13-0033231 | | |
| Date Assigned: | 12/06/2013 | Date of Injury: | 12/10/2012 |
| Decision Date: | 03/25/2014 | UR Denial Date: | 09/20/2013 |
| Priority: | Standard | Application Received: | 10/09/2013 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, 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 physician 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:

This is a female patient with a date of injury or December 10, 2012. A utilization review determination dated September 20, 2013 recommends noncertification of bilateral lower extremity EMG/NCV. Noncertification is recommended due to, "clear signs of radiculopathy with positive SLR and sensory changes in the L4-5 distribution." A progress report dated September 6, 2013 identifies subjective complaint stating, "had Q MEE in August, rates low back pain as a 9/10 without pain medicine. Patient has irregular periods and is taking (illegible) so she has not taken pain medication." Objective examination findings identify positive left paraspinal tenderness, normal gait without assistance. Diagnoses state, "lumbar radiculopathy, lumbar musculoligamentous strain." Treatment plan recommends acupuncture, continued ice and heat, an MRI report, and a return to clinic in 4 weeks. An MRI report dated April 2, 2013 identifies, "L5 - S1: there is mild disc desiccation. Broad-based central disc protrusion is seen which is effacing the epidural fats. No spinal canal stenosis or nerve root impingement. Neural foramina are patent. No change with weight bearing." A progress report dated August 13, 2013 identifies subjective complaints stating, "she continues to have lower back pain which is worsened with standing and walking. It is sharp, burning, dull, aching pain, which radiates to both lower extremities with numbness and tingling. She did try to return to work on several different occasions, which only lasted one day even on modified duties. She was unable to continue working." The note also identifies, "she did also have MRI of the lumbar spine and an attempt was made at an EMG/nerve conduction study, which was not completed due to the patient's fear and anxiety of needles." Physical examination identifies, "straight leg raises positive in a seated position at 50°. Lasegue's is also positive. Musculoskeletal: there is tenderness over the lumbar spine, bilateral sacroiliac joints, and sciatic notches. Sensory: decreased over the left L4 and L5 dermatome to pin prick, light touch, and temperature."

Diagnoses include, "lumbar musculoligamentous strain. Lumbar radiculopathy. Desiccated disc at L5-S1." The plan states, "I would like to formally request all medical records for the patient. I would recommend an EMG/nerve conduction velocity of the bilateral lower extremities. A discussion was held through the interpreter, stressing the importance of documenting her radiculopathy. She will think about this and try to schedule a 2nd EMG/nerve conduction velocity. She would benefit from an L4, L5, and S1 transforaminal epidural injection."

IMR ISSUES, DECISIONS AND RATIONALES

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

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 ODG Low Back

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, Electrodiagnostic studies.

Decision rationale: Regarding the request for nerve conduction studies of the lower extremity, ACOEM Guidelines state that unequivocal objective findings that identify specific nerve compromise on 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. Guidelines 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. The Official Disability Guidelines state 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, the patient is presumed to have a diagnosis of radiculopathy. Guidelines do not support the use of nerve conduction studies in patients with a presumed diagnosis of radiculopathy. There is no indication that the requesting physician is concerned about peripheral neuropathy, or some other diagnosis for which nerve conduction studies may be indicated. In the absence of such documentation, the currently requested nerve conduction studies are not medically necessary and appropriate.

EMG left lower extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

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, Electrodiagnostic studies.

Decision rationale: ACOEM 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. The Official Disability Guidelines state 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, it is clear the requesting physician is concerned about radiculopathy. He proposes to do an epidural steroid injection if the patient's EMG/NC identifies radiculopathic findings. Guidelines do not recommend performing EMGs in patients with clinically obvious radiculopathy. The previous reviewing physician felt that radiculopathy was clinically obvious, and therefore recommended noncertification of EMG. The requesting physician's physical examination seems to indicate clinically obvious radiculopathy. However, the MRI does not support this diagnosis. Therefore, there is some disagreement between the physical examination findings and the MRI report. Therefore, it could be argued that the radiculopathy is not clinically obvious due to this disagreement. Therefore, in light of the above documentation identifying possible radiculopathy which is clinically ambiguous, failure of conservative treatment, as well as a stated treatment plan which is contingent upon the outcome of the requested study, the currently requested EMGs are medically necessary and appropriate.

NCV left lower extremity: Upheld

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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 Low Back Chapter, Electrodiagnostic studies.

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conduction studies may be indicated. In the absence of such documentation, the currently requested nerve conduction studies are not medically necessary and appropriate.

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Decision rationale: Regarding the request for nerve conduction studies of the lower extremity, ACOEM 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. Guidelines 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. The Official Disability Guidelines state 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, it is clear the requesting physician is concerned about radiculopathy. He proposes to do an epidural steroid injection if the patient's EMG/NC identifies radiculopathic findings. Guidelines do not recommend performing EMGs in patients with clinically obvious radiculopathy. The previous reviewing physician felt that radiculopathy was clinically obvious, and therefore recommended noncertification of EMG. The requesting physician's physical examination seems to indicate clinically obvious radiculopathy. However, the MRI does not support this diagnosis. Therefore, there is some disagreement between the physical examination findings and the MRI report. Therefore, it could be argued that the radiculopathy is not clinically obvious due to this disagreement. Therefore, in light of the above documentation identifying possible radiculopathy which is clinically ambiguous, failure of conservative treatment, as well as a stated treatment plan which is contingent upon the outcome of the requested study, the currently requested EMGs are medically necessary and appropriate.