

Case Number:	CM13-0043291		
Date Assigned:	12/27/2013	Date of Injury:	03/31/2009
Decision Date:	05/05/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/23/2013

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 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:

This patient is a 55-year-old male with a date of injury of 03/31/2009. Per the treater's report of 08/26/2013, listed diagnoses are: cervical discopathy; carpal tunnel syndrome; status post right shoulder arthroscopic surgery; status post L4 to S1 fusion; status post removal of the lumbar spine hardware; bilateral hip bursitis versus lumbar radiculitis; internal derangement bilateral knees; MRI evidence of meniscal tear; status post right knee arthroscopic surgery with probable re-tear; bilateral plantar fasciitis; bilateral ankle internal derangement; status post left ankle and foot surgery. Treatment plan was for an MRI of the lumbar spine and also bilateral lower extremity EMG/NCV studies. Included in the file is a panel QME report from 05/14/2013. This report makes reference to EMG/NCV studies on 01/24/2007 that showed denervation changes in the medial plantar nerve muscle of the left side and normal nerve conduction velocities studies consistent with posterior tarsal tunnel syndrome on the left and the patient's lumbar fusion surgery at L4 to S1 took place in 2010 with a hardware removed in 2012. Per treater's reports 08/26/2013, presenting symptoms are persistent pain in the low back with radiation down the left greater than right lower extremity with numbness and tingling. Lumbar spine examination showed tenderness from mid to distal lumbar segments, well-healed midline scar, pain with terminal motion, seated nerve root test was positive, residual dysesthesia of the left lower extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG OF THE BILATERAL LOWER EXTREMITIES: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: This patient presents with chronic persistent low back pain with radiation down both lower extremities. The patient is status post lumbar fusion in 2010 and hardware removal in 2012. Review of the reports showed that the patient's prior EMG/NCV studies were from 01/24/2007 as referred by a panel QME report from 05/14/2013. Review of the reports do not show subsequent EMG studies following 2010 or/and 2012 lumbar surgeries. ACOEM Guidelines page 303 support use of EMG's including H-reflex tests to identify subtle focal neurologic dysfunction in low back pain symptoms lasting more than 3 to 4 weeks. In this patient, although the patient had an EMG in 2007, given the patient's lumbar fusion and additional surgery in 2012, repeat EMG studies may be helpful given the patient's persistent pain in the low back and lower extremities. The request is medically necessary and appropriate.

NCV OF THE BILATERAL LOWER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: This patient presents with persistent low back and bilateral lower extremities pain. The patient had lumbar fusion in 2010 and removal of the hardware in 2012. The request is for NCV studies of the bilateral lower extremities. A panel QME report from 05/14/2013 indicates that the patient's prior electrodiagnostic studies were from 01/24/2007. Review of the reports show no subsequent electrodiagnostic studies particularly following 2010 and 2012 surgeries. However, ODG states under NCV studies that this is not recommended and that there is minimal justification for performing nerve conduction studies when patient is presumed to have symptoms on the basis of radiculopathy. In this case, the patient's leg symptoms are presumed to be coming from the lumbar spine as the patient has had long history of radiating symptoms down the legs. Prior electrodiagnostic studies in 2007 did not cover any other abnormalities. NCV studies do not appear to be recommended per the ODG. The request is not medically necessary and appropriate.