

Case Number:	CM13-0046769		
Date Assigned:	01/03/2014	Date of Injury:	02/01/1967
Decision Date:	06/02/2014	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	09/25/2013

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, 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 complains of worsening lower back pain with radiation into the buttocks and down into both lower extremities. He complains of numbness in both calves and feet along with severe cramping in both calves at night. He does notice increased pain with coughing and sneezing. His pain is constantly present and is described as aching, burning, and throbbing. The pain is made worse by physical activity that involves bending, stooping, climbing, or turning/twisting the torso. He denies any difficulty controlling bowels or bladder. He rates the intensity of pain as 4-7/10 on the numerical scale. He continues to work full time and takes only ibuprofen for the pain. The exam shows his gait is mildly antalgic. Straight leg raise is positive on both sides. Motor function of the lower extremities is -5/5. There is decreased perception to pinwheel in L4/5 and L5/S1 dermatomes. There is also tenderness in the ZA joints of the lower lumbar spine palpated bilaterally.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCS RIGHT LOWER EXTREMITY, EMG LEFT LOWER EXTREMITY, NCS LEFT LOWER EXTREMITY EMG RIGHT LOWER EXTREMITY: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

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), Low Back Chapter, Electrodiagnostic Studies.

Decision rationale: The ACOEM guidelines state that electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. In addition, ODG on NCV states they are not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. This systematic review and meta-analysis demonstrate that neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy. In this case, the patient has cramping, pain and numbness in the leg and feet. It cannot be presumed that all of the patient's leg symptoms are radicular in nature. In addition, records do not show any recent or prior EMG/NCV. The EMG/NCV studies are reasonable.