MAXIMUS Federal Services

Case Number:	CM13-0048817		
Date Assigned:	12/27/2013	Date of Injury:	03/15/2010
Decision Date:	02/28/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	11/06/2013

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 and Rehabilitation, has a subspecialty in Pain 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 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:

The patient is a 51 YO male with a date of injury of 03/15/2010. The listed diagnoses per [redacted] dated 10/17/2013 are: 1. Low back pain 2. Hand pain 3. Neck pain 4. Status post lumbar fusion surgery L5-S1 (08/08/2012) According to report dated 10/17/2013 by [redacted], patient presents with low back, hand, leg, and neck pain. Examination of the back showed "healed surgical scare midline lumbar region. Severe bilateral paraspinal muscle spasms palpated. Tenderness over the left greater trochanter and iliotibial band noted. Gait slow and deliberate and forward flexed. Sensory: diminished sensation in left leg with some hypersensitivity." No other examination results noted

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyogram/Nerve Conduction Study Bilateral Lower Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: This patient presents with low back, hand, leg, and neck pain. Treating physician requests an NCS/EMG for bilateral lower extremities "to assess extent of neural

compromise." Utilization letter dated 10/23/2013 denied the request due to "lack of detailed neurological examination and assessment for radiculopathy or clinical status changes or any unexplained finding that would require such extensive neurological testing". ACOEM guidelines page 303 states, "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." Given the patient's persistent pain following lumbar surgery 2012, it would appear reasonable to perform EMG including H-reflex if this was never performed in the past. In regard to NCV studies, ODG guidelines states, "Nerve conduction studies (NCS) which are not recommended for low back conditions." It further states, "In the management of spine trauma with radicular symptoms, EMG/nerve conduction studies (NCS) often have low combined sensitivity and specificity in confirming root injury, and there is limited evidence to support the use of often uncomfortable and costly EMG/NCS." [redacted] has appealed the UR decision in his letter 10/29/2013, stating that the patient has "disc protrusions to the left" and patient has "radiating pain into both his left arm to the hand and left leg". Apart from his letter of appeal, his reports from 04/11/2013 to 10/17/2013 do not document any radicular symptoms or any neurologic dysfunction on examination. As the ODG guidelines do not consider EMG/NCV studies as a very useful diagnostic tool for spinal problems, particularly radiculopathy, recommendation is for denial.