

Case Number:	CM13-0056608		
Date Assigned:	12/30/2013	Date of Injury:	01/06/2011
Decision Date:	03/31/2014	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	11/22/2013

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 Texas. 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 50 year old female who reported injury on 01/06/2011. The patient was noted to have an EMG on 03/23/2011, revealing an abnormal study, which was indicative of right-sided S1 radiculopathy. The patient was noted to have radiofrequency lesioning at bilateral L3, L4, and L5 medial branches. The most recent documentation submitted for review regarding the request for an EMG and NCV of the bilateral lower extremities was dated 10/14/2013, which revealed the patient had severe low back pain shooting down the legs, right more than left, with tingling, numbness, and paresthesia. The patient's manual motor strength was 5/5, with the exception of the right EHL and plantar flexors of 4+/5. The right-sided stretch test was positive. The diagnoses were noted to include right par central disc protrusion at L5-S1, level with right S1 nerve root effacement; lumbar disc protrusion at L4-5 with borderline central canal stenosis; lumbar facet hypertrophy at L4-5 and L5-S1 level, MRI confirmed; right-sided S1 lumbar radiculopathy; chronic myofascial pain syndrome; and depression. The discussion and plan were noted to be, as the patient currently had radicular pain in the legs, right more than left with tingling, numbness, and paresthesia; and had an EMG/NCV study done in 2011, the physician opined the patient needed an updated EMG/NCV to rule out additional lumbar radiculopathy on the right or left side. Additionally, the request was made for naproxen 550 mg by mouth twice a day, Prilosec 20 mg by mouth daily for stomach upset and heartburn, Neurontin 600 mg by mouth twice a day for tingling and numbness, Norflex 100 mg by mouth at bedtime for muscle spasm, and Paxil 20 mg by mouth daily for depression.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Lower Extremity Electromyogram/NCV: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, NCS

Decision rationale: ACOEM Guidelines indicate that electromyography, including H-reflex tests, may be used to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. Clinical documentation submitted for review indicated the patient had myotomal findings on the right side. However, there was a lack of documentation indicating the patient had myotomal or dermatomal findings to support an electromyography on the left side. The bilateral request would not be supported. Official Disability Guidelines do not recommend nerve conduction studies, as there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Clinical documentation submitted for review indicated that the physician opined the patient needed an updated EMG/NCV to rule out additional lumbar radiculopathy on the right or left side. There was a lack of documentation indicating a necessity for both an EMG and nerve conduction study. Additionally, the physician opined the patient had radiculopathy, and as such, a nerve conduction study would not be medically necessary. Given the above, the request for bilateral lower extremity electromyogram/NCV is not medically necessary.