

Case Number:	CM13-0062638		
Date Assigned:	12/30/2013	Date of Injury:	08/09/2011
Decision Date:	04/07/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	12/06/2013

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 Orthopedic Surgery, 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 44-year-old male who reported an injury on 08/09/2011. The mechanism of injury information was not reported in the medical record. Review of the medical record reveals the patient's diagnoses include lumbar facetal syndrome, lumbar discogenic pain, thoracic myelopathy, chronic pain syndrome, lumbar strain or sprain, and lumbosacral radiculopathy. The most recent clinical documentation dated 07/29/2013, revealed examination of the upper extremities were grossly normal without asymmetry or temperature, color, contour, or size. Lumbar standing with greater pain on lumbar extension than flexion was experienced, mainly in the lower back with a twinge down the lower extremity, on left and right. Gait was antalgic, mainly on the right side. There was a positive straight leg raise which was mostly painful, with more limited range on retesting. Spring testing was non-contributory per sacroiliac. Slow, stiff gait noted slightly kyphotic and antalgic as well. Lower extremities were grossly normal without observable abnormality or asymmetry; lumbosacral radicular pain, more to the right; as well as facetal more likely than discogenic pain, again, more to the right; inadequate movement with conservative care treatments and the patient is willing to consider injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG left lower extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and

Environmental Medicine (ACOEM), 2nd Edition, (2004) page(s) 308-310; Official Disability Guidelines (ODG) Low Back (updated 10/9/2013) Electromyography(EMGs).

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, Electrodiagnostic studies (EDS)

Decision rationale: California MTUS/ACOEM do not address EMGs with specific criteria; however, it does state electromyography may be useful to identify subtle, focal, neurologic dysfunction in patients with low back symptoms lasting more than 3 to 4 weeks. Per Official Disability Guidelines, it is stated that EMGs are not necessary if radiculopathy is already clinically obvious. Per the most recent clinical documentation, the patient has positive straight leg raise, decrease in restrictive range of motion, and slow, stiff antalgic gait with exhibited pain on lumbar extension. There is also a noted twinge down the bilateral lower extremities, and painful limited range of motion. All objective findings of the lumbar spine are clear symptoms of radiculopathy. Per Official Disability Guidelines, it is stated that electromyographies are not necessary if radiculopathy is already clinically obvious. As such, the medical necessity for the requested EMG of the left lower extremity cannot be determined at this time.

NCV left lower extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back (updated 10/9/13) Nerve conduction studies (NCS)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Nerve conduction studies (NCS)

Decision rationale: California MTUS/ACOEM do not address the use of NCV studies for the lower back or bilateral lower extremities. Per Official Disability Guidelines, nerve conduction studies are not recommended. There is minimal justification for performing a nerve conduction study when a patient is presumed to have symptoms on the basis of radiculopathy. As such, the medical necessity for the requested service cannot be determined at this time and the request for NCV left lower extremity is non-certified.

EMG right lower extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) page(s) 308-310; Official Disability Guidelines (ODG) Low Back (updated 10/9/2013) Electromyography(EMGs).

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, Electrodiagnostic studies (EDS)

Decision rationale: California MTUS/ACOEM do not address EMGs with specific criteria; however, it does state electromyography may be useful to identify subtle, focal, neurologic dysfunction in patients with low back symptoms lasting more than 3 to 4 weeks. Per Official Disability Guidelines, it is stated that EMGs are not necessary if radiculopathy is already clinically obvious. Per the most recent clinical documentation, the patient has positive straight leg raise, decrease in restrictive range of motion, and slow, stiff antalgic gait with exhibited pain on lumbar extension. There is also a noted twinge down the bilateral lower extremities and painful limited range of motion. All objective findings of the lumbar spine are clear symptoms of radiculopathy. Per Official Disability Guidelines, it is stated that electromyographies are not necessary if radiculopathy is already clinically obvious. As such, the medical necessity for the requested EMG of the right lower extremity cannot be determined at this time.

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 Official Disability Guidelines (ODG) Low Back (updated 10/9/13) Nerve conduction studies (NCS)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Nerve conduction studies (NCS)

Decision rationale: California MTUS/ACOEM do not address the use of NCV studies for the lower back or bilateral lower extremities. Per Official Disability Guidelines, nerve conduction studies are not recommended. There is minimal justification for performing a nerve conduction study when a patient is presumed to have symptoms on the basis of radiculopathy. As such, the medical necessity for the requested service cannot be determined at this time and the request for NCV right lower extremity is non-certified.