

Case Number:	CM13-0062741		
Date Assigned:	12/30/2013	Date of Injury:	12/14/2007
Decision Date:	05/23/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	12/09/2013

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 and Rehabilitation and is licensed to practice in Minnesota. 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 injured worker is a 30-year-old male who reported injury on 12/14/2007. The documentation of 07/23/2013 was a partial examination as there was only page 1 that was provided for review. The neurologic examination revealed the proximal and distal motor strength was grossly normal. Sensation was intact to light touch and pinprick throughout. Deep tendon reflexes were symmetrical in the knee jerk, ankle jerk and post tibial tendon jerk. It was indicated the injured worker had symptomatic ongoing left greater than right lumbar radiculopathy. The injured worker's straight leg raise was positive on the left at 60 degrees. The documentation of 09/10/2013 revealed the injured worker had left quadriceps strength of 4+/5, left EHL 4+/5 and left eversion strength of 4+/5. The injured worker expressed concern in regards to a gradual crescendo of the left lower extremity neurologic component with resultant instability and near falls. The left lower extremity had radicular components that were limiting in regards to activity and function. The diagnoses included L4-5 protrusion with radiculopathy, refractory to treatment and progressive neurologic deficit objectify. The treatment plan included a request for an updated MRI of the lumbar spine due to a profound decline in the injured worker's condition and concern in regards to progressive neurological deficit with new findings at left L4, L5 and S1. The injured worker had significant interval changes and patient complaints and neurologic findings. The request was for an updated EMG/NCV of the bilateral lower extremities to delineate specific nerve involvement and objectify findings.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG FOR LEFT LOWER EXTREMITY/LUMBAR SPINE: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter.

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

Decision rationale: MTUS/ACOEM Guidelines states 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. There should be documentation of 3 - 4 weeks of conservative care and observation. The clinical documentation submitted for review indicated the injured worker had objective findings on the left side on 09/10/2013 revealed the injured worker had left quadricep strength of 4+/5, left EHL 4+/5 and left eversion strength of 4+/5, which were not present in the 07/2013 examination. The request for EMG for left lower extremity lumbar spine is medically necessary and appropriate.

EMG/NCV FOR RIGHT LOWER EXTREMITY FOR THE LUMBER SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter.

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, Nerve Conduction Studies (NCS).

Decision rationale: MTUS/ACOEM states 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. There should be documentation of 3 - 4 weeks of conservative care and observation. The clinical documentation submitted for review indicated the injured worker had findings on the left side. There was a lack of documented rationale for a right EMG. Official Disability Guidelines do not recommend NCS as there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. There was no documentation of peripheral neuropathy condition that existed in the bilateral lower extremities. There is no rationale specifically indicating the necessity for both an EMG and NCV. Given the above, the request for an EMG/NCV for the right lower extremity/lumbar spine is not medically necessary and appropriate.

NCV FOR LEFT EXTREMITY FOR THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter.

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 Chapter, Nerve Conduction Studies (NCS).

Decision rationale: Official Disability Guidelines do not recommend NCS as there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. There was no documentation of peripheral neuropathy condition that existed in the bilateral lower extremities. There is no rationale specifically indicating the necessity for both an EMG and NCV. The request for NCV of the left lower extremity/lumbar spine is not medically necessary and appropriate.

