

Case Number:	CM13-0064134		
Date Assigned:	05/16/2014	Date of Injury:	11/02/2012
Decision Date:	07/11/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	12/11/2013

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 and is licensed to practice in Illinois. 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 61-year-old female who reported an injury on 11/02/2012 secondary to repetitive movements. The injured worker underwent an MRI of the lumbar spine dated 05/15/2013 which revealed multilevel degenerative disc disease and facet arthropathy with grade I anterolisthesis at L4-5 and retrolisthesis at L5-S1 with moderate canal stenosis at L4-5. In addition, the MRI noted neural foraminal narrowing included L4-5 mild caudal bilateral and L5-S1 mild right and mild to moderate left neural foraminal narrowing. The injured worker also underwent an EMG/NCS of the bilateral lower extremities dated 06/03/2013 which revealed a right S1 radiculopathy. The clinical note dated 11/06/2013 reported the injured worker complained of right knee pain, left knee pain, low back pain, and left and right shoulder pain. The injured worker also reportedly stated that her activities of daily living to include grocery shopping, essential household duties, and caring for herself were maintained with medication. Within the clinical note dated 11/06/2013, the physician noted the request for an updated MRI was for the purpose of ruling out discal/intradiscal components/mass effect and the request for an updated EMG was due to progressive neurologic deficit to the L4, L5, and S1 to include motor strength deficit, as well as sensation deficit. The injured worker's previous treatments have included acupuncture, physical therapy, chiropractic treatment, medications, stretching, activity modification, TENS unit, home exercises, cold, and heat. The request for authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-303.

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, MRI.

Decision rationale: The request for MRI of the lumbar spine is not medically necessary. Official Disability Guidelines state repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation). The injured worker has a history of low back pain treated with acupuncture, physical therapy, chiropractic treatments, and medications. Within the clinical information included for review there is a lack of documentation noting neurological deficits consistent with radiculopathy, to include loss of motor strength, abnormal reflexes, radiating pain, numbness or tingling. In addition, the physician noted the request for an updated MRI was for the purpose of ruling out discal/intradiscal component/mass effect; however, there is a lack of documentation of any significant change since the last MRI, dated 05/15/2013 to warrant updated studies. Therefore, the request for MRI of the lumbar spine is not medically necessary.

ELECTROMYOGRAPHY (EMG) OF THE LEFT LOWER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-303.

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

Decision rationale: The request for Electromyography (EMG) of the left lower extremity is not medically necessary. The California MTUS/ACOEM Guidelines state 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. The injured worker has a history of low back pain treated with acupuncture, physical therapy, chiropractic treatments, and medications. Within the clinical information included for review it was noted the physician's request for an updated EMG was due to progressive neurologic deficit to the L4, L5, and S1 to include motor strength deficit as well as sensation deficit. As there is clear evidence in a specific dermatomal distribution, electrodiagnostic testing would not be supported. In addition, there is a lack of documentation within the notes provided for review, of any significant change since the last EMG study performed on 06/03/2013, to warrant updated studies. Therefore, the request for Electromyography (EMG) of the left lower extremity is not medically necessary.

ELECTROMYOGRAPHY (EMG) OF THE RIGHT LOWER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 298-303.

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

Decision rationale: The request for Electromyography (EMG) of the right lower extremity is not medically necessary. The California MTUS/ACOEM Guidelines state 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. The injured worker has a history of low back pain treated with acupuncture, physical therapy, chiropractic treatments, and medications. Within the clinical information included for review it was noted the physician's request for an updated EMG was due to progressive neurologic deficit to the L4, L5, and S1 to include motor strength deficit as well as sensation deficit. As there is clear evidence in a specific dermatomal distribution, electrodiagnostic testing would not be supported. In addition, there is a lack of documentation within the notes provided for review, of any significant change since the last EMG study, performed on 06/03/2013, to warrant updated studies. Therefore, the request for Electromyography (EMG) of the right lower extremity is not medically necessary.

NERVE CONDUCTION VELOCITY (NCV) OF THE LEFT LOWER EXTREMITY:

Upheld

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

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: The request for Nerve Conduction Velocity (NCV) of the left lower extremity is not medically necessary. The California MTUS/ACOEM does not specifically address nerve conduction velocity testing. The Official Disability Guidelines do not recommend nerve conduction studies as there is minimal justification when a patient is presumed to have symptoms on the basis of radiculopathy. Within the clinical information included for review it was noted the physician's request for an updated NCV was due to progressive neurologic deficit to the L4, L5, and S1 to include motor strength deficit as well as sensation deficit. As there is clear evidence in a specific dermatomal distribution, electrodiagnostic testing would not be supported. In addition, there is a lack of documentation within the notes provided for review, of any significant change since the last NCV study, dated 06/03/2013, to warrant updated studies. Therefore, the request for Nerve Conduction Velocity (NCV) of the left lower extremity is not medically necessary.

NERVE CONDUCTION VELOCITY (NCV) OF THE RIGHT LOWER EXTREMITY:

Upheld

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

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: The request for Electromyography (EMG) of the right lower extremity is not medically necessary. The California MTUS/ACOEM Guidelines state 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. The injured worker has a history of low back pain treated with acupuncture, physical therapy, chiropractic treatments, and medications. Within the clinical information included for review it was noted the physician's request for an updated EMG was due to progressive neurologic deficit to the L4, L5, and S1 to include motor strength deficit as well as sensation deficit. As there is clear evidence in a specific dermatomal distribution, electrodiagnostic testing would not be supported. In addition, there is a lack of documentation within the notes provided for review, of any significant change since the last EMG study, performed on 06/03/2013, to warrant updated studies. Therefore, the request for Electromyography (EMG) of the right lower extremity is not medically necessary.