

Case Number:	CM13-0066308		
Date Assigned:	01/03/2014	Date of Injury:	11/17/2008
Decision Date:	05/21/2014	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	12/11/2013

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, has a subspecialty in Interventional Spine, 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 34 year old female with date of injury 11/17/08. The treating physician's report dated 11/21/13 indicates that the patient presents with chronic, severe 9/10 bilateral leg pain and low back pain due to CRPS (chronic regional pain syndrome) type I of the bilateral lower extremities and lumbar spondylosis L5/S1 herniated disc. Pain medications decrease pain levels to a 6/10. The patient presents with a rolling walker to assist with ambulation. The current diagnoses are: 1. Degenerative Lumbar IVD 2. Reflex sympathetic dystrophy of the bilateral lower extremities 3. Pain in joint; ankle and foot and pelvic region 4. Lumbago 5. Piriformis release The utilization review report dated 12/6/13 denied the request for EMG/NCV bilateral lower extremity and SX-SCS Generator pocket revision based on the rationale that radiculopathy was already documented and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG BILATERAL LOWER EXTREMITIES: Overturned

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 CHAPTER, ELECTROMYOGRAPHY

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), SECTION EMGs (ELECTROMYOGRAPHY)

Decision rationale: The employee presents with chronic lower back pain and leg pain associated with CRPS type I. The current request is for EMG bilateral lower extremities. The treating physician's report states, "[The employee] has seen a spinal surgeon who would like to see a study of EMG/NCV of the upper extremities so that he can further evaluate [the employee]. Physical examination findings state, "Antalgic, with the use of a walker. Posture is normal. There is no paraspinal muscle spasm. Strength is decreased LLE and decreased RLE. Sensation is decreased right L5, S1 and left L4, L5 and S1. There is hyperalgesia of the foot and ankle bilaterally with allodynia. Deep tendon reflexes in the upper and lower extremities are decreased but equal." The MTUS Final Determination Letter for IMR Case Number CM13-0066308 4 guidelines do not address EMG studies. The ODG guidelines state, "Recommended as an option (needle, not surface). EMGs (electromyography) may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious." The employee has long standing chronic severe lumbar pain with constant pain affecting the lower extremities. However, the specific diagnosis of radiculopathy is not obvious. The employee's MRI showed HNP (herniated nucleus pulposis) at L5-S1 but there are findings of multi-level sensory changes as well as symptoms that suggest CRPS. Review of the reports show no prior EDX (electrodiagnostics). ACOEM supports EMG with H-reflex for evaluation of low back pain. Recommendation is for authorization.

NCV BILATERAL LOWER EXTREMETIES: Overturned

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 CHAPTER, ELECTROMYOGRAPHY

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), SECTION NERVE CONDUCTION STUDIES (NCS).

Decision rationale: The employee presents with chronic lower back pain and leg pain associated with CRPS type I. The current request is for NCV bilateral lower extremities. The treating physician report states, "[The employee] has seen a spinal surgeon who would like to see a study of EMG/NCV of the upper extremities so that he can further evaluate [the employee]. Physical examination findings state, "Antalgic, with the use of a walker. Posture is normal. There is no paraspinal muscle spasm. Strength is decreased LLE and decreased RLE. Sensation is decreased right L5, S1 and left L4, L5 and S1. There is hyperalgesia of the foot and ankle bilaterally with allodynia. Deep tendon reflexes in the upper and lower extremities are decreased but equal." The MTUS guidelines do not address EMG studies. The ODG guidelines state, "Not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy." The employee has long standing chronic severe lumbar pain with constant pain affecting the lower extremities. However, a diagnosis of radiculopathy is not obvious and the employee has CRPS symptoms as well. NCV

studies appear reasonable since the patient has not had this done before. Recommendation is for authorization.

SX-SCS GENERATOR POCKET REVISION: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), SECTION SPINAL CORD STIMULATION (SCS)

Decision rationale: The employee presents with chronic severe lower back pain and bilateral lower extremity pain. The current request is for SX-SCS Generator Pocket Revision. The treating physician states in the 11/21/13 report, "In addition, the patient is still having issues with painful SCS generator site. [The employee] would like to move the battery caudally from it's current position. After lengthy discussion, the patient elects for an SCS pocket revision. This is reasonable." The MTUS guidelines do not address spinal cord stimulators (SCS). The ODG guidelines state, "Recommended only for selected patients in cases when less invasive procedures have failed or are contraindicated." There is no information regarding SCS revision. In this case the treating physician states that the employee is having "issues" regarding painful SCS generator site, but no medical rationale or physical examination findings support the statement that revision is medically necessary. Recommendation is for denial.