

Case Number:	CM13-0070330		
Date Assigned:	01/03/2014	Date of Injury:	09/27/2003
Decision Date:	04/28/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	12/24/2013

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; has a subspecialty in Sports Medicine 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 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 patient is a 42-year-old male who reported an injury on September 27, 2003. The patient was seen on October 21, 2013 for complaints of persistent pain in the low back that radiates into the lower extremities with numbness and tingling. On the physical exam, the patient had tenderness from the mid to distal lumbar segments, with pain with terminal motion, and the seated nerve Final Determination Letter for IMR Case Number CM13-0070330 3 root test positive with dysesthesia at the L5-S1 dermatome. The patient was most recently seen on October 24, 2013, whereupon the patient was seen regarding the pain that affects the cervical spine, lumbar spine, left shoulder, and left knee. The patient had been taking Motrin, three times a day, Ultram, four times a day, and Prilosec. The patient had also been utilizing Biotherm topical cream and reported improvement in his pain levels from 7/10 to 4/10 after taking his medications. On the physical examination, the patient had muscle strength of 4/5 with quadriceps and hamstrings bilaterally. Under the treatment plan, it stated the patient has increasing low back pain with radiation of pain and numbness in his left foot.

IMR ISSUES, DECISIONS AND RATIONALES

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

NERVE CONDUCTION VELOCITY (NCV) OF THE BILATERAL LOWER EXTREMITIES: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic)

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: According to the Official Disability Guidelines, nerve conduction studies (NCS) are not recommended, as there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. It further states that in the management of spine trauma with radicular symptoms, EMG/NCS often have low combined sensitivity and specificity in confirming root injury, and there is limited evidence to support the Final Determination Letter for IMR Case Number CM13-0070330 4 use of often uncomfortable and costly EMG/NCS. In the case of this patient, although he has had ongoing complaints of low back pain with some radicular findings, a nerve conduction study would not be medically appropriate at this time. As such, the requested service is non-certified.

ELECTROMYOGRAM (EMG) OF THE BILATERAL LOWER EXTREMITIES:
Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: According to the California MTUS at ACOEM, a needle EMG and H-reflex test to clarify nerve root dysfunction are recommended for the treatment of low back disorders. However, it does state that an EMG for clinically obvious radiculopathy is not recommended. The patient was noted to have decreased muscle strength of 4/5 in the quadriceps and hamstrings bilaterally. It further states in the documentation that the patient has radiation of pain and numbness in his left foot with no indication that the patient has any numbness or tingling in the right lower extremity. Therefore, with signs and symptoms of radiculopathy already noted in the documentation, as well as the patient only having radicular findings in the left lower extremity, a request for a bilateral EMG of the lower extremities is not considered medically necessary.