

Case Number:	CM14-0003144		
Date Assigned:	01/31/2014	Date of Injury:	08/30/2012
Decision Date:	06/20/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	01/09/2014

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 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 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 50-year-old male who sustained an injury on 08/30/2011. The mechanism of injury is unknown. The patient has a history of diabetes type 2, high blood pressure, hypothyroidism, and high cholesterol. Prior treatment history has included Bisoprolol, Crestor, Hydrocode, Invokana, Levothyroxine Sodium, and Topiramate. A lumbar MRI was performed on 09/11/2012 and showed significant L5-S1 degeneration in disc; remaining discs looked normal. A new patient evaluation dated 12/03/2013 states the patient complains of low back pain. He reports receiving 7 sessions of therapy. He has constipation and sleep disturbance. On exam, he has pain of the lumbar spinous processes rated at 7/10. Lumbar range of motion to 45 degrees of flexion; 10 degrees extension, and 15 degrees of lateral rotation bilaterally. There is a light touch and pain sensation deficit noted in the left L5 distribution. Straight leg raise is positive on the left and negative on the right. A new lumbar MRI is recommended along with a lower extremity EMG/NCS. The patient was given Vicodin ES for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL LOWER EXREMITTY EMG/NCS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM 2ND EDITION (2004), LOW BACK COMPLAINTS, 303-304

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, EMGs (electromyography) and Nerve conduction studies (NCS).

Decision rationale: According to the ACOEM Guidelines, EMG may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. According to the ODG, EMG is recommended (needle, not surface) as an option 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. According to the ODG, 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, the request is not medically necessary according to the ACOEM Guidelines. The new patient evaluation dated 12/03/2013 showed there is a light touch and pain sensation deficit noted in the left L5 distribution. Straight leg raise is positive on the left. A lumbar MRI was performed on 09/11/2012 and showed significant L5-S1 degeneration in disc; remaining discs looked normal. Since the radiculopathy is already clinically obvious with the neurological exam and the MRI, the medical necessity of bilateral lower extremity NCS/EMG is not established.