

Case Number:	CM14-0006150		
Date Assigned:	03/03/2014	Date of Injury:	07/08/2010
Decision Date:	06/30/2014	UR Denial Date:	01/06/2014
Priority:	Standard	Application Received:	01/16/2014

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 and 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 42-year-old male who has submitted a claim for lumbar degenerative disc disease, disc protrusion, and stenosis associated with an industrial injury date of July 8, 2010. Medical records from 2013 to 2014 were reviewed. The patient complained of chronic left-sided lower back pain rated 8/10 with radiation to the legs. Pain was associated with numbness and tingling in the left foot. Physical examination of the lumbar spine showed tenderness, guarding, and spasms over the paravertebral region bilaterally; positive seated SLR on the left; trigger points were noted in the left lumbar paraspinal muscles; MMT was 4/5 with flexion, extension, and bilateral lateral bend; ROM was restricted at flexion of 50 degrees, extension of 15 degrees, and right and left lateral bending of 15 degrees due to pain and spasm. Treatment to date has included splinting, NSAIDs, opioids, home exercise programs, TENS, chiropractic sessions, physical therapy, acupuncture, lumbar epidural steroid injections, left knee surgery (8/4/11), and left ankle surgery (11/18/11). Utilization review from January 6, 2014 denied the request for EMG/NCV of bilateral lower extremities due to reports of complaints and findings limited to the left lower extremity. There is minimal justification for performing NCV studies when a patient is presumed to have symptoms on the basis of radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG LEFT LOWER EXTREMITY: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM GUIDELINES, CHAPTER 12- LOW BACK COMPLAINTS,

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

Decision rationale: According to page 303 of the ACOEM Low Back Guidelines as referenced by CA MTUS, electromyography (EMG) of the lower extremities is indicated to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. Moreover, guidelines do not recommend EMG before conservative treatment. In this case, a previous EMG was done last March 2011 and showed bilateral L5-S1 radiculopathy. The patient presented with symptoms of radiculopathy, which persisted despite physical therapy. Progress notes from December 18, 2013 reported chronic left-sided lower back pain rated 8/10 with radiation to the legs. Pain was associated with numbness and tingling in the left foot; SLR was positive. The patient has neurologic deficit. Therefore, the request for EMG left lower extremity is medically necessary.

NCV RIGHT LOWER EXTREMITY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM GUIDELINES, CHAPTER 12- LOW BACK COMPLAINTS,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Low Back Chapter, Nerve Conduction Studies

Decision rationale: The CA MTUS does not specifically address nerve conduction studies (NCS). Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. According to ODG, NCS of the lower extremities are not recommended if radiculopathy has already been clearly identified by EMG and obvious clinical signs. In this case, the patient presented with symptoms of possible persistent radiculopathy, which persisted despite physical therapy. Progress notes from December 18, 2013 reported chronic left-sided lower back pain rated 8/10 with radiation to the legs. However, there is no comprehensive neurologic exam available. The medical necessity has not been established due to lack of information. Therefore, the request for NCV right lower extremity is not medically necessary.

NCV LEFT LOWER EXTREMITY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM GUIDELINES, CHAPTER 12- LOW BACK COMPLAINTS,

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EMG RIGHT LOWER EXTREMITY: Overturned

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