

Case Number:	CM14-0008084		
Date Assigned:	02/12/2014	Date of Injury:	02/03/2012
Decision Date:	07/11/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	01/22/2014

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 Occupational Medicine 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 54-year-old female who has submitted a claim for lumbosacral neuritis/radiculitis associated with an industrial injury date of February 3, 2012. Medical records from 2012 to 2013 were reviewed. The patient complained of chronic lower back pain with radiation down to the right leg and occasionally to the left. Physical examination showed tenderness and trigger points on the gluteus maximus and medius bilaterally, restricted ROM at extension of 5 degrees and left and right lateral bending of 10 degrees. Manual muscle testing of 4/5 on bilateral hip flexion, knee extension, and knee flexion; and decreased light touch sensation over the right upper and lateral lower leg. EMG/NCV done last March 19, 2012 was noted to show right S1 radiculopathy. Treatment to date has included NSAIDs, opioids, anticonvulsants, topical analgesics, TENS, acupuncture, chiropractic sessions, physical therapy, and facet blocks. Utilization review from January 17, 2014 denied the request for EMG/NCV of bilateral lower extremities because the medical records failed to show progressive neurological changes to warrant a repeat electrodiagnostic study.

IMR ISSUES, DECISIONS AND RATIONALES

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

ELECTROMYOGRAPHY OF BILATERAL LOWER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM 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, the patient presented with persistent signs of radiculopathy despite physical therapy. Recent progress notes showed chronic lower back pain with radiation down to the right leg and occasionally to the left. The patient has focal neurologic deficit. However, a previous EMG/NCV done last March 2012 showed right S1 radiculopathy. There were no reports of significant changes in the patient's condition. Medical necessity of a repeat electrodiagnostic study was not established. Therefore, the request for electromyography of bilateral lower extremities is not medically necessary.

NERVE CONDUCTION STUDIES OF 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 (ODG), Treatment Index, 11th Edition, (web), 2013, Low Back Chapter, Nerve Conduction Studies (NCS).

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.

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 persistent signs of radiculopathy despite physical therapy. Recent progress notes showed chronic lower back pain with radiation down to the right leg and occasionally to the left. The patient's signs and symptoms strongly suggest persistence of radiculopathy. In addition, a previous EMG/NCV done last March 2012 showed right S1 radiculopathy. Furthermore, a lumbar spine MRI from March 2012 showed multilevel stenosis and disc bulge. There were no reports of significant changes in the patient's condition. Medical necessity of a repeat electrodiagnostic study was not established. Therefore, the request for Nerve Conduction Studies of bilateral lower extremities is not medically necessary.