

Case Number:	CM14-0008787		
Date Assigned:	02/12/2014	Date of Injury:	09/01/2001
Decision Date:	07/21/2014	UR Denial Date:	01/13/2014
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 Neurology, has a subspecialty in Neurocritical Care, 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:

This is a 57-year-old gentleman with a date of injury of 9/1/2001, with mechanism of injury unspecified, and resulting diagnoses that include: lumbar disc bulge at L4/L5 and L5/S1 levels; lumbar spondylosis; and chronic myofascial pain syndrome. Progress report dated 10/4/2013 states that patient continues to have significant relief of low back pain following recent epidural injection. Physical examination on that date documents that range of motion of lumbosacral spine is improved; paravertebral muscle spasm and localized tenderness is reduced in lumbosacral spinal area; there is diminished sensation to light touch along the medial and lateral border of left lower extremity; right-sided sitting straight leg raise test is 50 to 60, while left-sided sitting straight leg raise test is 40 to 50. MRI reports that lumbar disc bulge at the L4/L5 and L5/S1 levels are confirmed. Treatments rendered to date have included the following: epidural steroid injections, lumbar spinal anesthesia treatment, and pain management with medications. In the context of his request, additional medical records were provided including 1/15/14 team conference stating that the patient has a "flareup" and electrodiagnostic studies have been recommended. There is diminished sensation along the medial and lateral border of the right leg, calf, and foot.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG BILATERAL LOWER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation ODG Low Back (updated 12/04/13): (EMGs) Electromyography.

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 Chapter.

Decision rationale: CA MTUS states that electromyography (EMG), including H-reflex tests, are indicated to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. In addition, ODG states that EMGs may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. There is a previous denial for similar request, dated on 1/13/2014. Review of available records documents that the patient already had electro-diagnostic workup, including EMG, in 2007--although actual documentation of study results are not found. Current clinical data fails to adequately demonstrate why another EMG would be clinically necessary or beneficial in this case. There is no documentation of any progressive neurologic deficit or change in examination. It is not clear based upon the records how the specific diagnostic study would alter the treatment plan. Recommendation: non-certify. The request is not medically necessary and appropriate.

NCS BILATERAL LOWER EXTREMITIES: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back (updated 12/04/13) 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 Study.

Decision rationale: There is a previous denial for similar request, dated on 1/13/2014. ODG states that there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Nerve conduction studies may be helpful when there is clinical suspicion of peripheral nerve entrapment that has not clearly been demonstrated in this case. The request is not medically necessary and appropriate.