

Case Number:	CM14-0008942		
Date Assigned:	02/14/2014	Date of Injury:	01/29/2010
Decision Date:	08/06/2014	UR Denial Date:	12/24/2013
Priority:	Standard	Application Received:	01/23/2014

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 26-year-old female who has submitted a claim for musculoligamentous sprain of the lumbar spine with radiculitis, L4-5 disc protrusion, left L5 radiculopathy, and L5-S1 disc bulge associated with an industrial injury date of January 29, 2010. Medical records from 2011 to 2013 were reviewed. The patient complained of intermittent lower back pain with radiation of pain, tingling, and numbness to the right leg. Physical examination showed tenderness over the right posterior superior iliac spine. Treatment to date has included NSAIDs, opioids, muscle relaxants, antidepressants, anticonvulsants, benzodiazepines, aquatic therapy, lumbar epidural steroid injections, and left L4-L5 laminectomy (5/18/12). Utilization review from December 24, 2013 denied the request for EMG/NCV of bilateral lower extremities because there was no in-depth orthopedic back or neurologic examination provided. There was no summary of the patient's treatment protocols, outcomes, or previous electrical studies and outcomes.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG 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).

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 complained of intermittent lower back pain with radiation of pain, tingling, and numbness to the right leg. Physical examination finding from the latest progress report dated August 15, 2013 showed tenderness over the right posterior superior iliac spine. There are no physical examination findings compatible with radiculopathy in this case. In addition, the current status of the patient is unknown. Lastly, there are no subjective complaints and physical examination findings compatible with radiculopathy in the left lower extremity. Therefore, the request for EMG bilateral lower extremities is not medically necessary.

NCS 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).

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 2014.

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, but it is recommended if the EMG is not clearly consistent with radiculopathy. In this case, the patient complained of intermittent lower back pain with radiation of pain, tingling, and numbness to the right leg. Physical examination finding from the latest progress report dated August 15, 2013 showed tenderness over the right posterior superior iliac spine. A comprehensive neurologic examination is not available. There are no subjective complaints and physical examination findings compatible with neuropathy for the lower extremities. Therefore, the request for NCS of bilateral lower extremities is not medically necessary.