MAXIMUS Federal Services

Case Number:	CM14-0105898		
Date Assigned:	07/30/2014	Date of Injury:	06/23/2005
Decision Date:	08/29/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	07/09/2014

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 Texas & Oklahoma. 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 injured worker is a 53-year-old female who reported an injury on 06/23/2005 due to an injury to her low back when assisting a patient into the bathtub. The injured worker has diagnoses of cervical spine sprain/strain with radicular complaints and status post lumbar spine surgery x 2 with residuals. The injured worker's past medical treatment includes physical therapy, ESIs, and medication therapy. Diagnostic include x-rays of the lumbar spine that were obtained on 03/05/2014 that showed satisfactory alignment, although her left S1 pedicle screw was broken, but it was a non-displaced fracture. The injured worker has undergone surgery on her back in 12/2008 and again in 03/2011. The injured worker complained of intermittent moderate pain in her neck. The pain was aggravated when the head was turned from side to side, flexed, or extended. She also stated that there was a tingling sensation in her arms. The injured worker also complained of intermittent moderate low back pain. She stated that it was aggravated with prolonged standing, twisting, walking, lifting, bending, and squatting. The injured worker rated the pain at a 10/10. Physical examination dated 05/29/2014 of the lumbar spine revealed that the injured worker had increased tone and tenderness about the paralumbar musculature with tenderness at the midline thoracolumbar junction and over the level of L5-S1 facets and right greater sciatic notch. There were no muscle spasms. The injured worker revealed a positive straight leg raise bilaterally, and was also positive for Patrick FABERE test; Trendelenburg's, Leseague's, sciatic tenderness, and Braggard's test were all negative. Motor strength of the hip revealed that the right and left side on abduction and adduction were 5/5. The injured worker's medications include Norco and Soma 350. There was no duration or frequency submitted in the reports. The treatment plan is for 1 EMG of the left lower extremity and 1 NCS of the left lower extremity. The rationale and Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

One Electromyography (EMG) of the left lower extremity: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The request for One Electromyography (EMG) of the left lower extremity is not medically necessary. The injured worker complained of intermittent moderate pain in her neck. The pain was aggravated when the head was turned from side to side, flexed, or extended. She also stated that there was a tingling sensation in her arms. The injured worker also complained of intermittent moderate low back pain. CA MTUS/ACOEM states that electromyography (EMG), including H reflex tests, and may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. There should be documentation of 3 to 4 weeks of conservative care and observation. The submitted reports show that most recent evaluation of the injured worker was dated 05/29/2014. Failure of recent conservative care rendered was not demonstrated in the submitted report. Although the report did reveal that the injured worker had some neurological deficits in the left lower extremity, there was no documentation of the injured worker having been observed 3 to 4 weeks with conservative care. As such, the request for 1 electromyography (EMG) of the left lower extremity is not medically necessary.

One Nerve Conduction Study (NCS) of the left lower extremity: Upheld

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

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 (NCS).

Decision rationale: The request for One Nerve Conduction Study (NCS) of the left lower extremity is non-certified. The injured worker complained of intermittent moderate pain in her neck. The pain was aggravated when the head was turned from side to side, flexed, or extended. She also stated that there was a tingling sensation in her arms. The injured worker also complained of intermittent moderate low back pain. ODG guidelines do not recommend NCS as there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. There is no documentation of peripheral neuropathy condition that exists in the bilateral lower extremities. There is no documentation specifically indicating the necessity for both an EMG and NCV. The submitted report's physical examination dated 05/29/2014 of the lumbar spine included functional deficit

findings on nerve roots L5 and S1, but there was not enough substantial equivocal/non-diagnostic findings to necessitate the need for an NCS. It was noted that the injured worker's deep tendon reflexes were equivalent, but diminished. As there was documentation of the injured worker having some neurological deficits in the lower extremity, failure of recent conservative care rendered was not demonstrated in the submitted report. As it is not recommended per Official Disability Guidelines, the request for 1 nerve conduction study (NCS) of the left lower extremity is non-certified.