

Case Number:	CM14-0011842		
Date Assigned:	02/21/2014	Date of Injury:	06/30/2007
Decision Date:	07/15/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	01/29/2014

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:

Medical records from 2013 were reviewed. Patient complained of persistent neck pain and back pain. Neck pain radiated down towards bilateral arm resulting to dropping off objects unintentionally. Back pain radiated to posterior knees. Motor testing of bilateral upper and lower extremities were graded 5+/5. Biceps reflex bilaterally was graded 1+, bilateral triceps reflex graded 2+, and bilateral knee reflex was graded 3+. Tenderness was present at the paralumbar muscles. Straight leg raise test only elicited pain at the lumbar area. Gait was antalgic. Patient was unable to perform toe and heel walking. MRI of the cervical spine showed a 7.8-mm size of fluid around the cord at C3 to C4 without evidence of cord compression. MRI of the lumbar spine, dated December 30, 2013, revealed mild to moderate central stenoses at L2 to L4, severe discogenic disease at L4 to L5, and multilevel foramina stenoses. Treatment to date has included physical therapy and medications such as MS Contin, Norco, and amitriptyline. Utilization review from January 16, 2014 denied the requests for EMG (electromyography)/NCV (nerve conduction velocity) tests of the bilateral lower extremities because there was no physical finding to suggest radiculopathy. The request for x-ray of the lumbar spine was denied because red flag signs were absent.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR EMG (ELECTROMYOGRAPHY) RIGHT LOWER EXTREMITY, PROVIDED ON DECEMBER 17, 2013: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: According to the Low Back Complaints Chapter of the ACOEM Practice Guidelines, the guidelines support the use of electromyography (EMG) to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. In this case, patient complained of persistent back pain radiating to posterior knees. However, significant neurologic exam only showed presence of bilateral knee reflex graded 3+. Motor testing and straight leg raise test were unremarkable. Medical records submitted for review failed to document presence of focal neurologic deficit. The medical necessity was not established. The request for EMG of the right lower extremities, provided on December 17, 2013, is not medically necessary or appropriate.

RETROSPECTIVE REQUEST FOR NCV (NERVE CONDUCTION VELOCITY) RIGHT LOWER EXTREMITY, PROVIDED ON DECEMBER 17, 2013: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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 CA MTUS does not address NCS specifically. According to the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Low Back Chapter, Nerve Conduction Studies (NCS) was used instead. The Official Disability Guidelines state that the conduction studies are not recommended. There is minimal justification for performing nerve conduction studies when the patient is presumed to have symptoms on the basis of radiculopathy. In this case, patient complained of persistent back pain radiating to posterior knees. However, significant neurologic exam only showed presence of bilateral knee reflex graded 3+. Motor testing and straight leg raise test were unremarkable. Of note, MRI of the lumbar spine revealed multilevel foraminal stenosis with impingement of the exiting nerve roots. The imaging study is highly suggestive of radiculopathy. The request for NCV of the right lower extremities, provided on December 17, 2013, is not medically necessary or appropriate.

RETROSPECTIVE REQUEST FOR EMG LEFT LOWER EXTREMITY, PROVIDED ON DECEMBER 17, 2013: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 15 Stress Related Conditions Page(s): 303.

Decision rationale: According to the Low Back Complaints Chapter of the ACOEM Practice Guidelines, the guidelines support the use of electromyography (EMG) to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. In this case, patient complained of persistent back pain radiating to posterior knees. However, significant neurologic exam only showed presence of bilateral knee reflex graded 3+. Motor testing and straight leg raise test were unremarkable. Medical records submitted for review failed to document presence of focal neurologic deficit. The medical necessity was not established. The request for EMG of the left lower extremities, provided on December 17, 2013, is not medically necessary or appropriate.

RETROSPECTIVE REQUEST FOR NCV LEFT LOWER EXTREMITY, PROVIDED ON DECEMBER 17, 2013: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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 CA MTUS does not address NCS specifically. According to the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Low Back Chapter, Nerve Conduction Studies (NCS) was used instead. The Official Disability Guidelines state that the conduction studies are not recommended. There is minimal justification for performing nerve conduction studies when the patient is presumed to have symptoms on the basis of radiculopathy. In this case, patient complained of persistent back pain radiating to posterior knees. However, significant neurologic exam only showed presence of bilateral knee reflex graded 3+. Motor testing and straight leg raise test were unremarkable. Of note, MRI of the lumbar spine revealed multilevel foraminal stenosis with impingement of the exiting nerve roots. The imaging study is highly suggestive of radiculopathy. The request for NCV of the left lower extremities, provided on December 17, 2013, is not medically necessary or appropriate.

RETROSPECTIVE REQUEST FOR X-RAYS LUMBAR SPINE, PROVIDED ON DECEMBER 17, 2013: 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 Low Back Complaints Chapter of the ACOEM Practice Guidelines states that lumbar spine X-rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least six weeks. However, it may be appropriate when the physician believes it would aid in patient management. In this case, patient complained of persistent back pain radiating to posterior knees. Progress report from December 6, 2013 stated that patient underwent x-ray of the lumbar spine; however, result was not made available for review. Of note, MRI of the lumbar spine revealed multilevel foraminal stenosis with impingement of the exiting nerve roots. The objective findings presented do not support worsening of symptoms that may warrant repeat radiographic imaging. It is unclear what specific etiology is being considered requiring X-rays as diagnostic procedure, and how it will affect treatment plans. There is no evidence of new injuries that support utilization of X-rays. The request for X-Rays of the lumbar spine, provided on December 17, 2013, is not medically necessary or appropriate.