MAXIMUS Federal Services

Case Number:	CM14-0015974		
Date Assigned:	07/02/2014	Date of Injury:	02/05/1999
Decision Date:	08/05/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/07/2014

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 and 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 47-year-old male who reported an injury on 02/05/1999. The mechanism of injury is unknown. The injured worker has a history of chronic pain secondary to failed back syndrome with chronic lumbar pain and lumbar radiculopathy, particularly down the left leg. In 01/2014, the injured worker went into the emergency room with complaints that involved numbness extending from his chest wall into his left hemi thorax and into the left lower extremity in a diffuse pattern. He had some associated pain and weakness. He rated the low back pain at an 8/10. It was a constant pain. He rated his left leg pain at 8/10. Examination of the lumbar spine revealed left-sided paravertebral tenderness, left sciatic notch tenderness, positive straight leg raise on the left, diffuse numbness throughout the leg both anteriorly and posteriorly, and had weakness diffusely, as well. The injured worker had a forward flexion of 40 degrees and a hyperextension of 15 degrees. Deep tendon reflexes in the upper and lower extremities were normal bilaterally. His motor strength was 4/5 weakness throughout the left lower extremity. The exam also revealed left hemisensory loss involving the left lower hemi thorax, hemi abdomen, and left lower extremity. Diagnostics ranged from MRI to CT scans of the lumbar spine. A CT myelogram of the lumbar spine, obtained on 02/01/2012, revealed evidence of postoperative changes. There was no evidence of lumbar stenosis or evidence of fluid collection. CT scan of the lumbar spine obtained in 2009 demonstrated evidence of multilevel spine fusion and pedicle screws. The screws were in good position. The fusion appeared solid. The spinal alignment was essentially normal. The injured worker has diagnoses of lumbago, thoracic/lumbosacral neuritis/radiculitis, chronic intractable pain, status post intrathecal pump implantation, and failed back syndrome with chronic lumbar pain and chronic oral medication management. Past medical treatment includes a spinal fusion, physical therapy, home exercise program, and medication therapy. Medications include an implantation of a morphine pump, Norco 10/325 mg tablets,

Neurontin 600 mg tablets, Colace 100 mg capsules, MiraLAX, and Cipro 500 mg tablets. The current treatment plan is for NCV (Nerve Conduction Velocity) of the right lower extremity, EMG of the right lower extremity, NCV of the left lower extremity, and EMG (Electromyography) of the left lower extremity. The rationale was not submitted for review. The Request for Authorization was submitted on 01/06/2014 by [redacted].

IMR ISSUES, DECISIONS AND RATIONALES

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

NCV (Nerve Conduction Velocity) of right lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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 injured worker complained of lumbar back pain and lumbar radiculopathy particularly down the left leg. ODG guidelines do not recommend NCV (Nerve Conduction Velocity) 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 (Nerve Conduction Velocity). In the management of spine trauma with radicular symptoms, EMG/nerve conduction studies (NCS) often have low combined sensitivity and specificity in confirming root injury, and there is limited evidence to support the use of often uncomfortable and costly EMG/NCS. A submitted report contained a CT scan of the lumbar spine; there was no documented evidence showing that the study revealed equivocal/nondiagnostic findings to necessitate additional diagnostic studies of an NCV. Failure of recent conservative care rendered also was not demonstrated in the submitted report. Additionally, there were no documented neurological deficits in the right lower extremity. As it is not recommended per the ODG, the request for an NCV (Nerve Conduction Velocity) of right lower extremity is not medically necessary and appropriate.

EMG (Electromyography) of right lower extremity: 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): 303-305.

Decision rationale: The injured worker complained of lumbar back pain and lumbar radiculopathy particularly down the left leg. 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 showed the most recent evaluation of the injured worker was dated 01/18/2014. Guidelines recommend documentation of 3 to 4 weeks of conservative care and observation. Failure of recent conservative care rendered also was not demonstrated in the submitted report. Additionally, there were no documented neurological deficits in the right lower extremity. As such, the request for an EMG (Electromyography) of right lower extremity is not medically necessary and appropriate.

NCV (Nerve Conduction Velocity) of left lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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 injured worker complained of lumbar back pain and lumbar radiculopathy, particularly down the left leg. 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. In the management of spine trauma with radicular symptoms, EMG/nerve conduction studies (NCS) often have low combined sensitivity and specificity in confirming root injury, and there is limited evidence to support the use of often uncomfortable and costly EMG/NCS. Per referenced guidelines, there was minimal justification for performing nerve conduction study when an injured worker is presumed to have symptoms on the basis of radiculopathy. In addition, it was noted that the injured worker had a lumbar CT scan study. It was not demonstrated that this study revealed equivocal/nondiagnostic findings to necessitate an additional diagnostic study. Failure of recent conservative care rendered also was not submitted in the report. Moreover, the guidelines do not support NCV tests for low back conditions. As such, the request for NCV (Nerve Conduction Velocity) of left lower extremity is not medically necessary and appropriate.

EMG (Electromyography) of left lower extremity: 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): 303-305.

Decision rationale: The injured worker complained of lumbar back pain and lumbar radiculopathy, particularly down the left leg. ACOEM states that electromyography (EMG), including H reflex tests, 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 most recent submitted report was dated 01/18/2014. ACOEM guidelines recommend documentation of 3 to 4 weeks with conservative care and observation. Failure of recent conservative care rendered also was not submitted in the report. Furthermore, there was no rationale submitted as to why an EMG of the left lower extremity would benefit the injured worker. As such, the request for EMG (Electromyography) of left lower extremity is not medically necessary and appropriate.