MAXIMUS Federal Services

Case Number:	CM14-0016000		
Date Assigned:	06/04/2014	Date of Injury:	09/02/2011
Decision Date:	07/11/2014	UR Denial Date:	01/22/2014
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 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:

The injured worker is a 56-year-old male who reported an injury on 09/02/2011. The mechanism of injury was a strain to the lumbar spine. Within the clinical note dated 11/19/2013, the injured worker complained of low back pain with radicular symptoms to the left lower extremity, and left knee. He described the pain as aching and occasionally sharp and stabbing pain that varies in intensity and is present all the time. There was complaint of numbness and tingling and weakness of the left lower extremity. Upon the physical exam, the provider noted tenderness to palpation over the midline and the entire lumbar spine, left paraspinals at those levels left buttocks and left posterior superior iliac spines. The provider noted a positive straight leg raise in the seated position on the left and negative on the right. The provider noted no tenderness to palpation over the right knee. The range of motion of the right knee was extension at 2 degrees and flexion at 120 degrees. He had a negative McMurray's sign, medially and laterally in the right knee. Upon examination of the left knee, the provider noted diffuse tenderness to palpation over the left knee. The range of motion of the left knee was extension at 2 degrees and flexion at 75 degrees. He had a positive McMurray's sign laterally in the left knee. The injured worker had diagnoses of lumbosacral strain/arthrosis/discopathy with listhesis, L4 and L5, left knee degenerative arthrosis, left foot and ankle sprain/strain. The provider noted upon the neurological examination the injured worker to have decreased sensation to the left lateral aspect of the thigh, calf, foot, and right sensation was intact in the lower extremity. The provider requested for an electromyography of the bilateral lower extremities between 01/22/2014 and 03/08/2014, and nerve conduction velocity studies of the bilateral lower extremity between 01/22/2014 and 03/08/2014 to accurately assess the patient's condition as it may relate to the subject of injury. However, the request for authorization was not provided in the clinical documentation submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE (1) ELECTROMYOGRAPHY OF THE BILATERAL LOWER EXTREMITIES BETWEEN 1/22/2014 AND 3/8/2014: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

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

Decision rationale: The request for electromyography of the bilateral lower extremities between 01/22/2014 and 03/08/2014 is not medically necessary. The injured worker complained of low back pain with radicular symptoms to the left lower extremity, left knee with radicular symptoms in low back, left foot and ankle. The injured worker described the pain as aching sharp and stabbing pain that varies in intensity and is present all the time. The American College of Occupational and Environmental Medicine note electromyography, including H reflex test, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. The clinical documentation submitted indicated the injured worker to only have decreased sensation on the neurological exam on the left side, with full sensation on the right side. The provider rationale for a bilateral Electromyography was unclear when the injured worker has only symptoms of radiculopathy on the left side. Therefore, the request for 1 electromyography of the bilateral lower extremity is not medically necessary.

NERVE CONDUCTION VELOCITY STUDIES OF THE BILATERAL LOWER EXTREMITIES BETWEEN 1/22/2014 AND 3/8/2014: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

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, Nerve Conduction Study.

Decision rationale: The request for nerve conduction velocity studies of the bilateral lower extremities between 01/22/2014 and 03/08/2014 is not medically necessary. The injured worker complained of low back pain with radicular symptoms to the left lower extremity, left knee with radicular symptoms to the low back, and left foot and ankle. The injured worker described the pain as aching and constantly sharp and stabbing pain that varies in intensity and is present all the time. The Official Disability Guidelines do not recommend nerve conduction studies. The guidelines note there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. The clinical documentation submitted indicated the injured worker to only have decreased sensation on the neurological exam on the left side, with full sensation on the right side. The provider's rationale for a bilateral nerve conductions study was unclear when the injured worker only had sign and symptoms of

the left side. Therefore, the request for nerve conduction velocity study of the bilateral lower extremities between 01/22/2014 and 03/08/2014 is not medically necessary.