

Case Number:	CM14-0016131		
Date Assigned:	03/05/2014	Date of Injury:	12/22/2011
Decision Date:	06/09/2014	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, has a subspecialty in Interventional Spine 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 26 year old male status post injury of 12/22/2011. The 12/27/13 report by [REDACTED] showed tenderness to palpation on the L3-L4 and L5-S1 levels. Muscle spasms and tight hamstrings were noted. A set of MRIs dated 8/6/12 showed L3-4 disc herniation with compromise on the traversing nerve roots bilaterally, as well as disc degeneration per 1/17/14 report. Another set of MRIs on 1/24/13 showed 5mm left paracentral L3-4 disc herniation elevating the posterior longitudinal ligament and encroaching the left greater than right neuroforaminal. [REDACTED] is requesting electromyography of bilateral lower extremities and nerve conduction velocities of bilateral lower extremities. The utilization review determination being challenged is dated 1/22/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

ELECTROMYOGRAPHY OF BILATERAL LOWER EXTREMITIES: Overturned

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.

Decision rationale: According to the 8/9/13 progress report by [REDACTED], this patient presents with "intermittent moderate pain on the low back, with pain radiating to bilateral lower extremities/calf level. His pain increases with prolonged standing, twisting, walking, lifting, bending, stooping, squatting, and lying down on back." The request is for electromyography of bilateral lower extremities. On 9/12/13, patient received an epidural steroid injection to lower back which gave 80-90% relief for a month, 60-70% another month, after which pain returned per 11/1/13 report. On 10/4/13, patient reported difficulty sleeping due to pain. On 1/3/14, [REDACTED] stated patient "continues to complain of low back pain. Examination reveals tenderness in sacroiliac joints, with decreased range of motion in the L-spine. I recommend an updated lumbar MRI study to be obtained. According to the MTUS/ACOEM Guidelines, EMG/NCV studies should be done to rule out radiculopathy." In reference to specialized studies of the lower back, MTUS guidelines state 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 three or four weeks." In this case, patient received an epidural steroid injection on 09/12/13, to the lower back which gave 80-90% relief for a month, 60-70% another month, after which pain returned per 11/1/13 report. On 10/4/13, patient reported difficulty sleeping due to pain. On 1/3/14, [REDACTED] stated patient "continues to complain of low back pain. Examination reveals tenderness in sacroiliac joints, with decreased range of motion in the L-spine. Additionally, the patient has shown persistent lower back pain exceeding 4 weeks which meets MTUS/ACOEM guidelines for usage of electrodiagnostic studies. Therefore, the requests for EMG/NCV of the bilateral lower extremities are medically necessary and appropriate.

NERVE CONDUCTION VELOCITY OF BILATERAL LOWER EXTREMITIES:

Overtured

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.

Decision rationale: According to the 8/9/13 progress report by [REDACTED], this patient presents with "intermittent moderate pain on the low back, with pain radiating to bilateral lower extremities/calf level. His pain increases with prolonged standing, twisting, walking, lifting, bending, stooping, squatting, and lying down on back." The request is for electromyography of bilateral lower extremities. On 9/12/13, patient received an epidural steroid injection to lower back which gave 80-90% relief for a month, 60-70% another month, after which pain returned per 11/1/13 report. On 10/4/13, patient reported difficulty sleeping due to pain. On 1/3/14, [REDACTED] stated patient "continues to complain of low back pain. Examination reveals tenderness in sacroiliac joints, with decreased range of motion in the L-spine. I recommend an updated lumbar MRI study to be obtained. According to the MTUS/ACOEM Guidelines, EMG/NCV studies should be done to rule out radiculopathy." In reference to specialized studies of the lower back, MTUS guidelines state 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 three or four weeks." In this case, patient received an epidural

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