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| Case Number: | CM14-0016839 | | |
| Date Assigned: | 04/11/2014 | Date of Injury: | 10/14/2008 |
| Decision Date: | 05/28/2014 | UR Denial Date: | 01/29/2014 |
| Priority: | Standard | Application Received: | 02/10/2014 |

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 Illinois. 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 male who reported injury on 10/14/2008. The mechanism of injury was the injured worker was standing on a box when the box collapsed, causing him to fall to the ground, resulting in injuries to his low back and neck. The injured worker's diagnoses are status post hardware removal, lumbar spine degenerative disc disease, chronic low back pain, breakdown C3-4 with HNP annular tear, history of previous L4-5 fusion, and C4-5 and C5-6 disc bulging. The documentation of 01/06/2014 revealed a request for EMG/NCV of the bilateral lower extremities and SSEP, per the QME. The physician documentation indicated the injured worker had constant cervical spine pain that was a burning-type pain. It was indicated the injured worker was to have a QME in 03/2014. The treatment plan included a cervical epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG OF THE BILATERAL LOWER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

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

Decision rationale: The 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 weeks or 4 weeks. There should be documentation of 3 weeks to 4 weeks of conservative care and observation. The clinical documentation submitted for review failed to provide documentation of focal neurologic dysfunction. There was lack of documentation of objective dermatomal and myotomal findings in the bilateral limbs to support a bilateral examination and to support EMGs. Given the above, the request for EMG of the bilateral lower extremities is not medically necessary.

NCS OF THE BILATERAL LOWER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

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 Official Disability 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. The clinical documentation submitted for review failed to include an objective physical examination and documented rationale for the necessity of a nerve conduction study as well as a bilateral EMG. There was no documentation of neuropathic pain. Given the above, the request for NCS OF the bilateral lower extremities is not medically necessary.

SOMATOSENSORY EVOKED POTENTIAL: 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, INTRAOPERATIVE MONITORING.

Decision rationale: The Official Disability Guidelines indicate the use of intra-operative somatosensory evoked potential is recommended as an adjunct in those circumstances during instrumentation lumbar spinal fusion procedures in which the surgeon desires immediate intra-operative information regarding the potential of neurologic injury. The clinical documentation submitted for review failed to provide documented rationale for the necessity of a somatosensory evoked potential. The request as submitted failed to indicate the body part the somatosensory evoked potential was being requested for. Given the above, the request for somatosensory evoked potential is not medically necessary.