

Case Number:	CM14-0121539		
Date Assigned:	08/06/2014	Date of Injury:	05/07/1991
Decision Date:	09/24/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/01/2014

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 Internal Medicine, and is licensed to practice in New York. 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 a 69 year old female with a date of injury of 05/07/1991. She had chronic atrial fibrillation since 1994. On 06/11/2014 she had a post operative office visit after trigger finger surgery; the sutures were removed. She also complained of low back pain over the last few days with radiation to the LEFT leg. She ambulated with a cane. There was lower lumbar paravertebral muscular tenderness. Forward flexion was 40 degrees and extension was 10 degrees. There was positive straight leg raising on the RIGHT. Bilateral lower extremity strength was normal. On 07/02/2014 she had low back pain radiating down her right leg. She had a burning sensation in her leg. There was tenderness of the lumbar paravertebral musculature. There was no motor weakness. Forward flexion was 45 degrees and extension 10 degrees. In the right lower extremity below the knee there was decreased sensation to pin prick. Reflexes were equal. Straight leg raising was positive on the right. Lumbar x-ray revealed a prior L5-S1 fusion with instrumentation. Bilateral lower extremity EMG/NCS were ordered. A NCS of the right lower extremity was approved. A recent repeat lumbar MRI was approved.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG Left lower extremity: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 2014 Low back, EMG.

Decision rationale: The patient did not present as a surgical candidate. Motor and reflex findings of the lower extremities were normal. Straight leg raising on the right side was positive. She had previous L5-S1 fusion with instrumentation. Lumbar paravertebral muscle spasm and tenderness were noted. The sensory finding of decreased sensation in the right leg only below the knee was consistent with a peripheral neuropathy and not lumbar radiculopathy. There were no abnormal findings on examination of the left lower extremity (motor, sensory, reflex). There was no left lower extremity dysfunction on examination. The ACOEM revealed that there is limited research based evidence for needle EMG to clarify nerve root dysfunction. The ODG noted that EMG may be useful to obtain unequivocal evidence of radiculopathy but the patient had lumbar surgery, has had a lumbar MRI two years ago and another recent one is pending. Doing an EMG of the lower extremity with no neurologic dysfunction on examination is not consistent with MTUS ACOEM recommendations. As such, the request is not medically necessary.

NCV Left lower extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back (NCS).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines 2014 (ODG) Low back, NCS.

Decision rationale: The MTUS does not address the request for a bilateral lower extremity NCS. The patient did not present as a surgical candidate. Motor and reflex findings of the lower extremities were normal. Straight leg raising on the right side was positive. She had previous L5-S1 fusion with instrumentation. Lumbar paravertebral muscle spasm and tenderness were noted. The sensory finding of decreased sensation in the right leg only below the knee was consistent with a peripheral neuropathy and not lumbar radiculopathy. There were no abnormal findings on examination of the left lower extremity (motor, sensory, reflex). There was no left lower extremity dysfunction. The ODG noted that NCS are not recommended. There is minimal justification to recommend NCS when the patient is presumed to have lumbar radiculopathy and there is no justification when the patient has no symptoms or findings of left lumbar radiculopathy as in this case. As such, the request is not medically necessary.

EMG Right lower extremity: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 2014, Low back, EMG.

Decision rationale: The patient did not present as a surgical candidate. Motor and reflex findings of the lower extremities were normal. Straight leg raising on the right side was positive. She had previous L5-S1 fusion with instrumentation. Lumbar paravertebral muscle spasm and tenderness were noted. The sensory finding of decreased sensation in the right leg only below the knee was consistent with a peripheral neuropathy and not lumbar radiculopathy. There were no abnormal findings on examination of the left lower extremity (motor, sensory, reflex). There was no left lower extremity dysfunction on examination. The ACOEM revealed that there is limited research based evidence for needle EMG to clarify nerve root dysfunction. The ODG noted that EMG may be useful to obtain unequivocal evidence of radiculopathy but the patient had lumbar surgery, has had a lumbar MRI two years ago and another recent one is pending. Doing an EMG of the lower extremity with no neurologic dysfunction on examination is not consistent with MTUS ACOEM recommendations. As such, the request is not medically necessary.