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| Case Number: | CM14-0122821 | | |
| Date Assigned: | 08/08/2014 | Date of Injury: | 03/31/1998 |
| Decision Date: | 10/03/2014 | UR Denial Date: | 07/21/2014 |
| Priority: | Standard | Application Received: | 08/04/2014 |

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 Family Medicine 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:

This case involves a 59 year old male with a 3/31/1998 date of injury. The exact mechanism of the original injury was not clearly described. A progress reported dated 6/3/14 noted subjective complaints of back pain radiating to the lower extremities. He complained of exacerbation of his lower back pain which is different than he had previously. Objective findings included decreased lumbar ROM, diminished reflexes to the right and left patella and Achilles 1+, and L4/L5 dermatomal dysesthesia. Diagnostic Impression: lumbar degenerative disc disease, lumbar radiculitis. Treatment to date includes lumbar fusion L3-S1, physical therapy, trigger point injections. A UR decision dated 7/21/14 denied the request for EMG/NCV of the bilateral lower extremities. The patient is approved for a course of physical therapy due to his recent exacerbation. It would be appropriate to reevaluate the patient's clinical status after completing the course of physical therapy prior to considering painful diagnostic studies. Treatment to Date: lumbar fusion L3-S1, physical therapy, trigger point injections. A UR decision dated 7/21/14 denied the request for EMG/NCV of the bilateral lower extremities. The patient is approved for a course of physical therapy due to his recent exacerbation. It would be appropriate to reevaluate the patient's clinical status after completing the course of physical therapy prior to considering painful diagnostic studies.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography of the Bilateral Lower Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, 309.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation low back chapter EMG/NCV

Decision rationale: CA MTUS states that electromyography (EMG), including H-reflex tests, are indicated to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. In addition, Official Disability Guidelines (ODG) states that EMGs may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. Furthermore, NCS are not recommended when a patient is presumed to have symptoms on the basis of radiculopathy. The patient does have objective physical exam findings that would be concerning for radiculopathy. However, he has had a recent exacerbation of lower back pain and has been approved for physical therapy. He has yet to have had an adequate 1 month trial of conservative therapy. Therefore, the request for electromyography of bilateral lower extremities is not medically necessary.

Nerve Conduction Velocity of the Bilateral Lower Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, 309.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation low back chapter EMG/NCV

Decision rationale: CA MTUS states that electromyography (EMG), including H-reflex tests, are indicated to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. In addition, Official Disability Guidelines (ODG) states that EMGs may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. Furthermore, NCS are not recommended when a patient is presumed to have symptoms on the basis of radiculopathy. The patient does have objective physical exam findings that would be concerning for radiculopathy. However, he has had a recent exacerbation of lower back pain and has been approved for physical therapy. He has yet to have had an adequate 1 month trial of conservative therapy. Therefore, the request for nerve conduction velocity of bilateral lower extremities was not medically necessary.