MAXIMUS Federal Services

Case Number:	CM14-0127535		
Date Assigned:	08/15/2014	Date of Injury:	09/15/2007
Decision Date:	09/18/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/12/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 48-year-old male injured on 09/15/07 due to an undisclosed mechanism of injury. Diagnoses include sprains and strains of the shoulder and upper arm, anxiety disorder, and lumbar radiculopathy. The clinical note dated 07/16/14 indicated the injured worker remained unchanged from previous evaluation complaining of significant lower back pain with twitch in the left lower extremity. The injured worker was not taking any medications for pain due to intolerance resulting in significant pain. The injured worker complained of numbness and tingling in the bilateral lower extremities as well as weakness. Physical examination revealed tenderness to palpation in the right shoulder, decreased range of motion, and positive impingement sign on the right. Physical examination of the lumbar spine revealed tremors and clonus-like movements about the left leg, spasm present in the paraspinal muscles, tenderness to palpation in the paraspinal muscles, sensation reduced in the left foot, muscle testing 4/5 in the ankle dorsa flexors/long toe extensors/ankle plantar flexors, reflexes 3+ in the left patella, positive straight leg raising on the left. Treatment plan included continuation of Diazepam tablets 5mg 1-2 per day, request for electromyography/nerve conduction velocity (EMG/NCV) testing of the bilateral lower extremities. The initial request was non-certified on 07/28/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) of the bilateral lower extremities: Upheld

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.

Decision rationale: As noted in current CA MTUS, EMG is recommended to clarify nerve root dysfunction in cases of suspected disk herniation preoperatively or before epidural injection. However, electromyography is not recommended for diagnosis of nerve root involvement if findings of history, physical exam, and imaging study are consistent. There is no indication that the patient has inconsistent findings requiring clarification. As such, the request for electromyography (EMG) of the bilateral lower extremities cannot be recommended as medically necessary at this time.

Diazepam 5mg, take 1-2 daily, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: As noted on page 24 of the Chronic Pain Medical Treatment Guidelines, benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Studies have shown that tolerance to its effects develops rapidly. It has been found that long-term use may actually increase anxiety. As such, the request for Diazepam 5mg, take 1-2 daily, #30 cannot be recommended as medically necessary at this time.

Nerve conduction study (NCS) of the bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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 - Lumbar & Thoracic (Acute & Chronic), Nerve conduction studies (NCS).

Decision rationale: As noted in the low back chapter of the Official Disability Guidelines, nerve conduction studies (NCS) are not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Recent studies demonstrate that neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy. As such, the request for nerve conduction study (NCS) of the bilateral lower extremities is not recommended as medically necessary.