

Case Number:	CM14-0150536		
Date Assigned:	09/18/2014	Date of Injury:	04/29/2007
Decision Date:	12/03/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	09/16/2014

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 is a 61-year-old female who reported an industrial injury to the back on 4/29/2002, over 12 years ago, attributed to the performance of her usual and customary job duties. The patient complained of persistent lower back pain with reported weakness to the left lower extremity. The patient was noted to have had prior Electrodiagnostic studies with evidence of a L5-S1 radiculopathy to the left lower extremity. There are no documented objective changes on examination to support the medical necessity of a repeated Electrodiagnostic study. The patient is only noted to have reported increased pain without any changes in the objective findings on exam. The objective findings on examination included lumbosacral spine with generalized tenderness and spasm with a trigger point area; left-sided radiculopathy L5-S1 reported without specific objective findings; weakness with plantar flexion; strength is 4+/5 with extensor hallucis longus function. The diagnoses included low back pain; lumbar radiculopathy; sciatica; and spondylolisthesis s/p lumbar spine fusion. The treatment plan included a trigger point injection to the lower back; hydrocodone; Restoril; Prilosec; TEROGIN patches; continued physical therapy; and a bilateral lower extremity EMG/NCV.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG Bilateral lower extrem: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303,Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines; Low Back

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, 62. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter EMG and NCS

Decision rationale: There is no objective evidence of any changes in the neurological status of the patient to warrant Electrodiagnostic studies. The patient was documented to have a normal neurological examination other than reported subjective lateral leg numbness. There was no objective finding on examination of a sensory loss over a dermatomal distribution. There is no objective evidence of a nerve impingement radiculopathy with neurological deficits along a dermatomal distribution. The neurological examination was documented as normal. The patient continues to complain of back pain. There were no demonstrated neurological deficits along a dermatomal distribution to the BLEs that were reproducible on examination, and the patient was not noted to have any changes in clinical status. The patient had some subjective complaints of radiculitis; however, there were no documented objective findings on examination to support medical necessity. There is no demonstrated medical necessity for a BLE EMG for the pain management of this patient. The request for the authorization of the EMG of the bilateral lower extremities was not supported with any objective clinical findings that would demonstrate a change in the neurological status of the patient or demonstrate neurological deficits in the lower extremities. There is no documented nerve impingement radiculopathy. There are no documented neurological findings that would suggest a nerve entrapment neuropathy in the clinical documentation to the BLEs. The motor and sensory examination was documented to be normal. The patient was noted to have had a prior Electrodiagnostic study, which demonstrated evidence of a L5-S1 radiculopathy. There were no documented changes in the clinical status of the patient and there was no documented progressive neurological deficit to support the medical necessity of a repeated EMG. The request for a repeated EMG of the bilateral lower extremities is not demonstrated to be medically necessary.

NCV Bilateral lower extrem: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303,Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines; Low Back

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303,62. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter EMG and NCS

Decision rationale: There is no objective evidence of any changes in the neurological status of the patient to warrant repeated Electrodiagnostic studies. The patient was documented to have a normal neurological examination other than reported subjective lateral leg numbness. There was no objective finding on examination of a sensory loss over a dermatomal distribution. There is no evidence of a nerve impingement radiculopathy on the two (2) MRIs of the lumbar spine. The

neurological examination was documented as normal. There were no demonstrated neurological deficits along a dermatomal distribution to the BLEs that were reproducible on examination. The patient was not noted to have any changes in clinical status other than the subjective report of increased pain. The patient had some subjective complaints of radiculitis; however, there were no documented objective findings on examination to support medical necessity. There is no demonstrated medical necessity for a BLE NCS for the pain management of this patient. The request for the authorization of the repeated NCS of the bilateral lower extremities was not supported with any objective clinical findings that would demonstrate a change in the neurological status of the patient or demonstrate neurological deficits in the lower extremities. There is no documented nerve impingement radiculopathy. There are no documented neurological findings that would suggest a nerve entrapment neuropathy in the clinical documentation to the BLEs. The motor and sensory examination was documented to be normal. The patient was noted to have had a prior Electrodiagnostic study, which demonstrated evidence of a L5-S1 radiculopathy. There were no documented changes in the clinical status of the patient and there was no documented progressive neurological deficit to support the medical necessity of a repeated EMG. The request for a repeated NCS of the bilateral lower extremities is not demonstrated to be medically necessary.