

Case Number:	CM14-0153553		
Date Assigned:	09/23/2014	Date of Injury:	04/28/2014
Decision Date:	10/24/2014	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	09/19/2014

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 Neurologist, and is licensed to practice in Texas, Maryland and Ohio. 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 32-year-old male who reported injuries due to cumulative stress on 04/28/2014. On 07/28/2014, his diagnoses included sprain of the lumbar region, lumbar disc displacement, hand joint pain, generalized anxiety disorder, and chest pain. On 06/17/2014, his complaints included back pain described as faint. It was characterized as intermittent and minimal. On 06/25/2014, his complaints included mild to moderately severe anxiety. In an orthopedic evaluation on 07/28/2014, his complaints included constant pain in his low back, radiating into his left lower extremity with numbness in his left great toe. He also reported constant tightening and cramping of his fingers, associated with loss of grip strength. His lumbar ranges of motion, measured in degrees, were forward flexion 56/60, extension 10/25, and left and right lateral bending both 25/25. X-rays of the lumbar spine revealed a 50% decrease of disc space at L5-S1 and possible minimal L5-S1 retrolisthesis. The recommendations included a request for a neurological evaluation to rule out a left lower extremity radiculopathy and an MRI. Physical therapy, which had helped him previously, was reordered. On 07/28/2014, his treatment plan included a neurological evaluation with EMG/NCV studies of the bilateral lower extremities to rule out left lower extremity radiculopathy. A Request For Authorization dated 08/11/2014 was included in this injured worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG bilateral lower extremities (BLE): 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 Page(s): 710-711.

Decision rationale: The request for EMG bilateral lower extremities (BLE) is not medically necessary. Per the California ACOEM Guidelines, electrodiagnostic studies are not recommended for patients with acute, sub-acute, or chronic pain back who do not have significant lower extremity pain or numbness. As imaging studies, especially CT and MRI, have progressed, the need for EMG has declined. However, EMG may be helpful when there are ongoing pain complaints suspected to be of neurological origin, but without clear neurological compromise on imaging studies. EMG can then be used to attempt to rule in/out a physiologically important neurological compromise. There are no quality studies regarding the use of electromyography. Although an MRI was recommended in his treatment plan, there was no submitted evidence that the MRI had ever been performed. Additionally, this injured worker's complaints were unilateral on his left side, and there was no justification for a bilateral electrodiagnostic study. The need for a bilateral EMG was not clearly demonstrated in the submitted documentation. Therefore, this request for EMG bilateral lower extremities (BLE) is not medically necessary.

NCV bilateral lower extremities (BLE): 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 Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Lumbar & Thoracic, Nerve conduction studies (NCS)

Decision rationale: The request for NCV BLE is not medically necessary. Per the California ACOEM Guidelines, assessment of patients should include general observations, including change in position, stance and gait, a regional examination of the spine, neurological examination, testing for nerve root tension, and monitoring pain behavior during range of motion as a clue to the origin of the problem. The Official Disability Guidelines do not recommend nerve conduction studies to demonstrate radiculopathy, if radiculopathy has already been clearly identified by EMG and obvious clinical signs. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. A neurological evaluation was part of this injured worker's treatment plan, but there was no submitted documentation that the neurological examination had ever taken place. He reported pain radiating from his low back to his left lower extremity. There were no complaints of right lower extremity pain, numbness, or tingling. There was no justification for a bilateral examination when the symptoms were only unilateral. Therefore, this request for NCV BLE is not medically necessary.

