

Case Number:	CM14-0161218		
Date Assigned:	10/06/2014	Date of Injury:	09/12/2013
Decision Date:	11/20/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	10/01/2014

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 Physical Medicine & Rehabilitation, and is licensed to practice in Texas & Oklahoma. 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 65-year-old female who reported an injury on 09/12/2013. The injury reportedly occurred when she fell forward after a child ran into her from behind. On 07/29/2014, her diagnoses included severe anxiety, shooting electric pains down her bilateral arms and legs, severe depression, intervertebral disc syndrome of the cervical and lumbar spine, cervical/lumbar radiculopathy, insomnia, and multiple orthopedic injuries involving the right shoulder/wrist/hip. Her complaints included significant neck and low back pain with shooting electric pain down both arms and legs. She rated her pain 7/10 without medications and 4/10 with medications. Upon examination, it was noted that she had significant cellulitis of the right medial ankle and shingles in the right anterolateral thigh. Her cervical and lumbar spine had restricted ranges of motion with decreased sensation to light touch at C5, C6, C7, L4, L5, and S1 bilaterally. She had a positive Spurling's test bilaterally and positive Tinel's and Phalen's tests in the right wrist and arm. She had positive straight leg raising tests bilaterally. An MRI of the lumbar spine on 05/08/2014 revealed nonacute compression fracture at L2 and Schmorl's nodes at L2-4. At L1-2 and L2-3, there was central focal disc protrusion abutting the thecal sac. The neural foramina were patent. At L4-5. There was facet and ligament flavum hypertrophy producing spinal canal narrowing. At L5-S1, disc protrusions and facet hypertrophy producing spinal canal narrowing and bilateral neural foraminal narrowing were seen. There was a positive annular tear/fissure. An MRI of the cervical spine on 05/08/2014 revealed, at C3-4, facet and unciniate arthropathy producing bilateral neural foraminal narrowing. At C4-5, there were broad based disc protrusions that abutted the thecal sac. Combined with facet and unciniate arthropathy, there was bilateral neural foraminal narrowing. At C5-6, a broad based disc protrusion that indented the spinal cord produced spinal cord narrowing. Combined with facet and unciniate arthropathy, there was bilateral neural foraminal narrowing. At C6-7, a cranially dissecting disc extrusion

that indented the spinal cord produced spinal canal narrowing. Combined with facet and unciniate arthropathy, there was bilateral neural foraminal narrowing. There was a posterior annular tear/fissure. Her treatment plan included requests for EMG and nerve conduction studies of the bilateral upper and lower extremities to evaluate for entrapment neuropathy versus radiculopathy, versus peripheral nerve injury. There was no Request for Authorization 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:

NVC Of 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 - Neck & Upper Back (updated 8/4/14)- Nerve conduction studies

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, Nerve conduction studies NCS

Decision rationale: The request for NVC Of Right Lower Extremity is not medically necessary. The Official Disability Guidelines do not recommend nerve conduction studies to demonstrate radiculopathy if radiculopathy has 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. The clinical information submitted failed to meet the evidence based guidelines for nerve conduction studies. Therefore, this request for NVC Of Right Lower Extremity is not medically necessary.

EMG Of 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 - Neck & Upper Back (updated 8/4/14)- Electromyography

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 710-711.

Decision rationale: The request for EMG of Right Lower Extremity is not medically necessary. The California/ACOEM Guidelines note that electrodiagnostic studies are not recommended for patients with acute, subacute, or chronic back pain who do not have significant lower extremity pain or numbness. As imaging studies, especially MRIs, 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. This injured worker had an MRI of the lumbar spine on 05/08/2014. On 06/24/2014, the clinical note did recognize that the

MRI had been performed and that this injured worker had herniated nucleus pulposus and regional disc disease. Based on the results of the lumbar MRI and regional examination of the spine, the need for electromyography of the lower extremity was not clearly demonstrated. Therefore, this request for EMG Of Right Lower Extremity is not medically necessary.

EMG Of Left Lower Extremity: 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 Of Left Lower Extremity is not medically necessary. The California/ACOEM Guidelines note that electrodiagnostic studies are not recommended for patients with acute, subacute, or chronic back pain who do not have significant lower extremity pain or numbness. As imaging studies, especially MRIs, 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. This injured worker had an MRI of the lumbar spine on 05/08/2014. On 06/24/2014, the clinical note did recognize that the MRI had been performed and that this injured worker had herniated nucleus pulposus and regional disc disease. Based on the results of the lumbar MRI and regional examination of the spine, the need for electromyography of the lower extremity was not clearly demonstrated. Therefore, this request for EMG Of Left Lower Extremity is not medically necessary.

NCV Of 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 - Neck & Upper Back (updated 8/4/14)- Nerve conduction studies

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, Nerve conduction studies NCS

Decision rationale: The request for NCV of Left Lower Extremity is not medically necessary. The Official Disability Guidelines do not recommend nerve conduction studies to demonstrate radiculopathy if radiculopathy has 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. The clinical information submitted failed to meet the evidence based guidelines for nerve conduction studies. Therefore, this request for NCV of Left Lower Extremity is not medically necessary.