

Case Number:	CM14-0169694		
Date Assigned:	10/17/2014	Date of Injury:	03/10/2001
Decision Date:	12/10/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/14/2014

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 Internal Medicine and is licensed to practice in Maryland. 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 employee was a 65 year old female who sustained an industrial injury on 03/10/01. Her clinical note from 09/11/14 was reviewed. She had 10/10 pain without medications and 6/10 with medications. She was able to do her activities of daily livings ADLs with her medications. She is unable to go outside or do exercise. She relied on her motorized wheel chair. Medications included MS Contin, Norco, Maxzide, Norvasc, Meprobamate, Lasix, Advair, Actonel, Celexa, Estradiol, Protonix, Metoclopramide, Prilosec and Topamax. Diagnoses included chronic low back pain, bilateral S1 radicular symptoms, spondylolisthesis with spondylolysis at L5-S1 with multilevel degenerative disc changes per MRI 2001, lower extremity edema and chronic GERD, history of cervical cancer and status post exploratory laparotomy for small bowel obstruction in 2012. The plan of care was for medication refills, MRI of the lumbar spine, EMG/NCV of bilateral lower extremities to rule out myopathies and peripheral neuropathies. The objective findings from 08/14/14 included decreased strength in bilateral lower extremities with right side worse than left. Tendon reflexes were symmetric and she was in a wheel chair with inability to stand up. The plan of care then was MRI of the lumbar spine due to severe increase in her low back and lower extremity symptoms with increased weakness in legs.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV of the lower extremities: Overturned

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 Chapter, Electrodiagnostic Studies and Non-MTUS www.uptodate.com
<http://www.uptodate.com/contents/lumbosacral-radiculopathy-pathophysiology-clinical-features-and-diagnosis?source=machineLearning&search=nerve+conduction+studies&selectedTitle=5~150§ionRank=1&anchor=H21#H26>.

Decision rationale: The employee was a 65 year old female who sustained an industrial injury on 03/10/01. She was using a motorized wheel chair due to increasing weakness of bilateral lower extremities. She was noted to have a decreased strength in lower extremities with right side worse than left. Diagnoses included chronic low back pain, bilateral S1 radicular symptoms, spondylolisthesis with spondylolysis at L5-S1 with multilevel degenerative disc changes per MRI 2001, lower extremity edema and chronic GERD, history of cervical cancer and status post exploratory laparotomy for small bowel obstruction in 2012. The plan of care was for medication refills, MRI of the lumbar spine, EMG/NCV of bilateral lower extremities to rule out myopathies and peripheral neuropathies. According to Official Disability guidelines (ODG), EMG is recommended to confirm radiculopathy after a month of symptoms despite conservative therapy. According to the article from Uptodate cited above, EMG and NCS have a high diagnostic utility for radiculopathy when neurologic weakness is present. The yield is lower in patients with only pain or sensory loss as the manifestation of radiculopathy. For patients with weakness, the EDS can identify conditions that mimic radiculopathy, such as plexopathy and mononeuropathies. Given the employee's back pain, increasing weakness in lower extremities and advanced age, the need for ruling out other pathologies is necessary. Therefore, the request for bilateral lower extremities EMG/NCV is medically necessary and appropriate.