

Case Number:	CM14-0171930		
Date Assigned:	10/23/2014	Date of Injury:	02/03/2009
Decision Date:	11/21/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/17/2014

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 and Rehabilitation, has a subspecialty in Neuromuscular 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 patient is a 63 year old female who has a work injury dated 2/3/09. The diagnoses include low back pain and lumbar radiculopathy. Under consideration is a request for a consult with nerve studies. MRI of the lumbar spine dated 2/26/13 states multilevel degenerative disc disease. Severe narrowing of both L4-5 subarticular recesses with impingement of both traversing L5 nerve roots. Severe narrowing of the right L5-S1 subarticular recess with impingement of the traversing right S1 nerve root. A Neurology consult/nerve test Apr 24, 2010 stated that the Summary/Interpretation: There was evidence for a right S1-2 radiculopathy; there was no evidence for a right sciatic neuropathy; this test was stopped early due to patient discomfort. A 9/24/14 PR-2 document states that the patient has bilateral low back pain and discomfort. She has increasing low back pain and bilateral leg pain and increasing leg weakness. She has trouble walking due to leg weakness. She feels she cannot support her body. She is not working and the pain is the same. She complains of lower extremities numbness and weakness. She denies bladder or bowel dysfunction. She states her sister had back surgery and it really helped her. She wants to consider surgery since her legs are getting weaker and weaker. She is afraid soon she will not be able to move about unassisted. On exam she has forward head posture and rounded/protracted shoulders, there is tenderness of lumbar paraspinals bilateral and spasm of lumbar paraspinals bilateral, she has full range of motion with very restricted with forward flexion to 30 degrees and extension to 0 degrees and pain with all back motion. Her strength is 5/5 in bilateral lower limbs. The sensation is diminished diffusely in lower extremities bilaterally, Patella and left Achilles tendon reflex 1-2. Right Achilles reflex is absent. Negative Seated Leg Raise bilateral. No extensor hallucis longus weakness noted. Leg Length Discrepancy: Equal. Circumference: Calf Circumference: 36 cm right; 35 cm left. The treatment plan includes repeat

MRI of Lumbosacral due to increasing symptoms of spinal stenosis. Patient considering surgery and a consult with nerve studies to evaluate severity of bilateral lower extremity radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consult with nerve studies: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines): Low Back Procedure Summary

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic)- Nerve conduction studies (NCS) and Electrodiagnostic studies (EDS)

Decision rationale: The ODG states that nerve conduction studies (NCS) are not recommended for low back conditions, and EMGs (Electromyography) which are recommended as an option for low back. The ODG states that there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. The ACOEM MTUS criteria state that electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. The documentation indicates that the patient has chronic low back issues. There is no documentation to suggest that her symptoms are caused by another condition such as an underlying peripheral polyneuropathy. Nerve conduction studies alone are not recommended for low back conditions. The request for consult with nerve studies is not medically necessary.