

Case Number:	CM14-0175045		
Date Assigned:	10/28/2014	Date of Injury:	05/15/2014
Decision Date:	12/10/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/20/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

Patient is a 68-year-old female who has submitted a claim for lumbosacral spine strain/sprain disorder and radiculopathy associated with an industrial injury date of 5/15/2014. Medical records from 2014 were reviewed. Patient complained of right-sided low back pain described as dull, sore, and achy rated 8 to 9/10 in severity. Physical examination showed reduced finger-to-finger and finger-to-nose activities. She was slightly antalgic. Patient had no difficulty performing heel walking and toe walking. Range of motion of the lumbosacral spine was restricted. Sensation was diminished at bilateral S1 dermatomes. X-ray of the lumbar spine, dated 5/19/2014, documented mild degenerative changes. Treatment to date has included chiropractic care, physical therapy, activity restrictions, acupuncture, and medications. Utilization review from 10/1/2014 denied the requests for EMG/NCV of bilateral lower extremities because of no objective finding of neurologic dysfunction to warrant such testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG left lower extremity: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: According to page 303 of CA MTUS ACOEM Low Back Chapter, the guidelines support the use of electromyography (EMG) to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. Medical records from 2014 were reviewed. In this case, patient complained of right-sided low back pain described as dull, sore, and achy rated 8 to 9/10 in severity. Physical examination showed reduced finger-to-finger and finger-to-nose activities. She was slightly antalgic. Patient had no difficulty performing heel walking and toe walking. Range of motion of the lumbosacral spine was restricted. Sensation was diminished at bilateral S1 dermatomes. However, there was no complete neurologic examination available to establish presence of focal neurologic deficit. Guideline criteria for EMG testing were not met. There was no clear rationale for EMG at this time. Therefore, the request for electromyography (EMG) of the left lower extremity was not medically necessary.

EMG right lower extremity: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: According to page 303 of CA MTUS ACOEM Low Back Chapter, the guidelines support the use of electromyography (EMG) to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. Medical records from 2014 were reviewed. In this case, patient complained of right-sided low back pain described as dull, sore, and achy rated 8 to 9/10 in severity. Physical examination showed reduced finger-to-finger and finger-to-nose activities. She was slightly antalgic. Patient had no difficulty performing heel walking and toe walking. Range of motion of the lumbosacral spine was restricted. Sensation was diminished at bilateral S1 dermatomes. However, there was no complete neurologic examination available to establish presence of focal neurologic deficit. Guideline criteria for EMG testing were not met. There was no clear rationale for EMG at this time. Therefore, the request for electromyography (EMG) of the right lower extremity was not medically necessary.

NCV 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 (ODG), Low Back, Nerve Conduction Studies (NCS)

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, Nerve conduction studies (NCS) Other Medical Treatment Guideline or Medical Evidence: Nerve Conduction Studies in Polyneuropathy: Practical Physiology and Patterns of Abnormality, Acta Neurol Belg 2006 Jun; 106 (2): 73-81

Decision rationale: The CA MTUS does not address NCS specifically. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Low Back Chapter, Nerve Conduction Studies (NCS) was used instead. The Official Disability Guidelines state that there is minimal justification for performing nerve conduction studies when the patient is presumed to have symptoms on the basis of radiculopathy. A published study entitled, "Nerve Conduction Studies in Polyneuropathy", cited that NCS is an essential part of the work-up of peripheral neuropathies. Many neuropathic syndromes can be suspected on clinical grounds, but optimal use of nerve conduction study techniques allows diagnostic classification and is therefore crucial to understanding and separation of neuropathies. In this case, patient complained of right-sided low back pain described as dull, sore, and achy rated 8 to 9/10 in severity. Physical examination showed reduced finger-to-finger and finger-to-nose activities. She was slightly analgesic. Patient had no difficulty performing heel walking and toe walking. Range of motion of the lumbosacral spine was restricted. Sensation was diminished at bilateral S1 dermatomes. However, there was no complete neurologic examination available. Clinical manifestations were likewise inconsistent with neuropathy to warrant NCV testing. There was no clear rationale for electrodiagnostic testing at this time. Therefore, the request for NCV of the left lower extremity was not medically necessary.

NCV 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 (ODG), Low Back, Nerve Conduction Studies (NCS)

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, Nerve conduction studies (NCS) Other Medical Treatment Guideline or Medical Evidence: Nerve Conduction Studies in Polyneuropathy: Practical Physiology and Patterns of Abnormality, Acta Neurol Belg 2006 Jun; 106 (2): 73-81

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showed reduced finger-to-finger and finger-to-nose activities. She was slightly antalgic. Patient had no difficulty performing heel walking and toe walking. Range of motion of the lumbosacral spine was restricted. Sensation was diminished at bilateral S1 dermatomes. However, there was no complete neurologic examination available. Clinical manifestations were likewise inconsistent with neuropathy to warrant NCV testing. There was no clear rationale for electrodiagnostic testing at this time. Therefore, the request for NCV of the right lower extremity was not medically necessary.