

Case Number:	CM14-0181393		
Date Assigned:	11/06/2014	Date of Injury:	02/06/2003
Decision Date:	12/12/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/31/2014

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 Orthopedic Surgery and is licensed to practice in California. 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:

This is a 59-year-old male with a 2/6/03 date of injury. The mechanism of injury involved a fall resulting in low back and left knee pain. The patient was most recently seen on 8/26/14 with complaints of left foot drop, constant low back and left leg pain, and increased numbness and tingling in the left foot and buttock. Exam findings revealed an antalgic gait, requiring the use of a cane. The range of motion of the L-spine is decreased in all planes. There is decreased sensation along the L3-S1 dermatomes on the left. The motor strength for the tibialis anterior, EHL, inversion, eversion, and plantarflexors is 1/5 on the right, and 4-/5 on the left. The motor strength for the psoas, quadriceps and hamstrings are 4+/5 on the right, and 4/5 on the left. The patient's diagnoses included multilevel severe neural foraminal narrowing of L-spine (most significant for L3-S1), lumbar radiculopathy, and bilateral knee degenerative joint disease. The patient's pain medications included OxyContin, Norco, Neurontin, and Soma. An EMG/NCS lower extremities was requested for the worsening leg symptoms. The documentation included a physician visit note dated 5/9/14, with similar subjective complaints including increased numbness and tingling down his foot and left buttock, requiring a cane for ambulation. The exam findings were the same except for decreased motor strength for the tibialis anterior and EHL on the right, which was immobile on exam. The interval history forms filled by the patient demonstrated a similar pain level of 8-9/10 for both visits. Furthermore, a neurology note dated 5/1/14 stated that the patient had a history of drop leg and exam findings of bilateral drop foot. Significant Diagnostic Tests: 1. EMG/NCS (5/1/14) - 1. Chronic left L5 radiculopathy. 2. Moderate chronic right peroneal neuropathy. Left peroneal motor and sensory potential were absent. No voluntary motor units in tibialis anterior and chronic denervation in peroneus longus. 3. Axonal polyneuropathy. 2. EMG/NCS (9/15/14) - 1. Right peroneal nerve injury. 2. Left L4/5 radiculopathy, unchanged from prior study dated 3/10/14. 3. No evidence of generalized

peripheral neuropathy affecting the lower limbs. Treatment to date: medications, cane, lumbar support brace, lumbar decompression surgery (10/15/13), knee injections, chiropractic care, functional rehabilitative physiotherapy. An adverse determination was received on 10/3/14 due to the claimant's physical exam findings being similar to the 4/2014 assessment, with the latest EMG reviewed dated 5/1/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCS Lower Extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 Chapter EMG/NCV)

Decision rationale: CA MTUS states that electromyography (EMG), including H-reflex tests, are indicated to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. In addition, ODG states that EMGs may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. Furthermore, NCS are not recommended when a patient is presumed to have symptoms on the basis of radiculopathy. This patient had suffered persistent low back and left leg pain since his injury in 2003. A diagnosis of L4/L5 radiculopathy was confirmed through previous EMG/NCV studies, which is consistent with the patient's physical exam findings. In addition, the patient had a history of drop leg with exam findings of bilateral drop foot, according to a neurology note dated 5/1/14. The progress notes dated 5/9/14 and 8/26/14 indicated similar complaints of increased numbness, tingling, and pain along the low back and left leg, in addition to similar physical exam findings. In fact, the motor strength for the right tibialis anterior and EHL was slightly increased at the 8/26/14 visit. The patient also indicated on the interval history survey form the same pain level of 8-9/10 for both visits dated 5/9/14 and 8/26/14. Furthermore, numerous EMG/NCV studies have been conducted with similar results, with the latest one dated 9/15/14. The documentation lacked sufficient clinical evidence to support an additional EMG/NCV for the lower extremities. Therefore, the request for EMG/NCS lower extremities is not medically necessary.