

Case Number:	CM14-0023861		
Date Assigned:	06/11/2014	Date of Injury:	11/01/2006
Decision Date:	07/18/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	02/25/2014

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, and is licensed to practice in Illinois. 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 52-year-old male who reported an injury on 11/01/2006. The mechanism of injury was not provided within the documentation. The injured worker is noted to have a diagnosis of status post 2 level arthrodesis. Prior treatment was noted to be physical therapy, aqua therapy, and medication therapy. The most recent clinical note dated 05/07/2014 does not indicate that those treatments were effective. At the time of the evaluation, the injured worker complained of aching pain in his low back, he indicated this pain was rated 5/10 to 7/10 on the pain scale. He also complained of stabbing and burning pain in his left leg with pins and needle like sensation and numbness, which he rated at 6/10 to 8/10, sometimes 10/10 at night. He had a positive response to gabapentin. He is currently not attending any therapy. He is presently not working. A review of systems indicated the injured worker denied headaches, he denied shortness of breath, and he denied nausea, vomiting, diarrhea, or constipation. The physical examination of the lumbar spine indicated tenderness in the paraspinal musculature of the lumbar region on the left. In addition, there was midline tenderness noted in the lumbar region. Range of motion of the lumbar spine with active cooperation and effort was flexion of 20 degrees, extension of 15 degrees, rotation to the right of 15 degrees, rotation to the left of 10 degrees, tilt to the right of 15 degrees, tilt to the left of 15 degrees. There was decreased sensation in the L5 and S1 distribution. Regarding strength, it is noted that the motor examination by manual testing was essentially normal of the lumbar spine. The treatment plan included medication refill of gabapentin and tramadol. The provider's rationale for the requested services within the review was not provided within the documentation. The request for authorization of medical treatment is dated 01/15/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

ELECTROMYOGRAM OF THE 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): 303-305, 308-310.

Decision rationale: The request for electromyogram of the lower extremities is not medically necessary. The California American College of Occupational and Environmental Medicine have considerations for special studies and diagnostic treatments. Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Electromyography which is an EMG, including H-reflex tests, may be useful to identify subtle, focal neurological dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. An EMG is not recommended for clinically obvious radiculopathy. A CT exam found an osteophyte in a nerve root, which causes impingement. All of the injured worker's symptoms were on the left side and the request is for lower extremities. The clinical documentation noted decreased motor strength, decreased sensation, and a positive straight leg raise for the lower extremity on the left side; therefore, an EMG would not be necessary to diagnosis radiculopathy. In addition, the documentation does not indicate any radicular symptoms on the right side to support an EMG. The request for electromyography of the lower extremities is not medically necessary.

NERVE CONDUCTION STUDIES OF THE LOWER EXTREMITIES.: Upheld

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

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, Nerve conduction studies.

Decision rationale: The request for nerve conduction studies of the lower extremities is non-certified. The Official Disability Guidelines indicate nerve conduction studies are not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. The information provided with this review indicates the injured worker having a clinical evaluation on 05/07/2014. In that clinical evaluation, the injured worker had symptoms of radiculopathy as evidenced by decreased motor strength, decreased sensation and positive straight leg raise. According to the guidelines, the injured worker's clinical notes do not justify a nerve conduction study to determine radiculopathy and the guidelines do not support it. Therefore, the request for nerve conduction studies of the lower extremities is non-certified.

