

Case Number:	CM14-0026110		
Date Assigned:	06/13/2014	Date of Injury:	09/13/2003
Decision Date:	07/18/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	02/28/2014

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 & 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 47-year-old female who reported an injury on 09/13/2003. The mechanism of injury was the injured worker's patient fell in the bathroom. The injured worker picked the patient up and after placing her in bed noted back pain. The injured worker was treated with medications, physical therapy, and surgical intervention. The documentation of 01/21/2014 revealed the injured worker had low back pain radiating into the bilateral lower extremities and severe pain across the neck radiating to the bilateral upper extremities. It was indicated the injured worker had undergone 6 surgeries for the low back. The injured worker had decreased sensation in the left upper extremity primarily across the C6 distribution. There was overlap across C7. Reflexes were intact. The injured worker had intact reflexes bilaterally to the lower extremities at 2+. It was indicated the injured worker had no evidence of myelopathy. The injured worker had sensation that was normal along all dermatomes in the dorsal spine. There was weakness of the extensor hallucis longus on the left graded 3/5. The diagnoses included multilevel cervical discogenic disease, status post XLIF procedure with development of hernia, status post multiple back surgeries, and failed back syndrome. The treatment plan included EMG/nerve conduction studies of both upper and lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 EMG OF THE BILATERAL UPPER EXTREMITIES (BUE): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: ACOEM states that Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. There should be documentation of 3 to 4 weeks of conservative care and observation. The clinical documentation submitted for review indicated the injured worker had findings on the left side only. There was a lack of documentation indicating the injured worker had undergone 3 to 4 weeks of care and observation. There was a lack of documentation indicating a necessity for bilateral upper extremity examinations as the findings were focused on the left upper extremity. Given the above, the request for 1 EMG of the bilateral upper extremities is not medically necessary.

1 NCV OF THE BILATERAL UPPER EXTREMITIES (BUE): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: ACOEM states that Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. There should be documentation of 3 to 4 weeks of conservative care and observation. There was a lack of documentation indicating the injured worker had a peripheral neuropathy condition in the bilateral upper extremities. There was a lack of documentation indicating a necessity for both an EMG and NCV. Given the above, the request for NCV of the bilateral upper extremities is not medically necessary.

1 EMG OF THE BILATERAL LOWER EXTREMITIES (BLE): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: ACOEM states 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. There should be documentation of 3 to 4 weeks of conservative care and observation. The clinical documentation submitted for review indicated

the injured worker had weakness of the extensor hallucis longus of 3/5 in the left leg. There was a lack of documentation indicating findings in the right side. There was a lack of documentation indicating the injured worker had 3 to 4 weeks of conservative care and observation. There was a lack of documented rationale for bilateral extremity studies. Given the above, the request for EMG of the bilateral lower extremities is not medically necessary.

1 NCV OF THE BILATERAL LOWER EXTREMITIES (BLE): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low back.

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).

Decision rationale: Official Disability Guidelines do not recommend NCS as there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. There is no documentation of peripheral neuropathy condition that exists in the bilateral lower extremities. There is no documentation specifically indicating the necessity for both an EMG and NCV. Given the above, the request for 1 NCV of the bilateral lower extremities is not medically necessary.