

Case Number:	CM14-0027788		
Date Assigned:	06/16/2014	Date of Injury:	10/30/2012
Decision Date:	07/23/2014	UR Denial Date:	02/17/2014
Priority:	Standard	Application Received:	03/05/2014

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 Occupational Medicine 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:

The claimant injured his low back on 10/30/12 and has a diagnosis of degenerative disc displacement with radiculopathy and cervical and thoracic sprain. EMG/NCV has been recommended for the lower extremities. He was injured in a motor vehicle accident. He has had chiropractic treatments in 2012 and acupuncture and epidural steroid injections in 2013. An MRI in February 2013 showed anterolisthesis at L4 relative to L5 with a posterior disc bulge. There was moderately severe bilateral stenosis and a disc protrusion abutting, but not compressing or exiting right L4 nerve root. At L3-L4, there was degenerative disk disease (DDD) with moderate bilateral stenosis at L2-L3. He had radiating pain, numbness and tingling to the lower extremities more on the left side. He also had middle back aching pain at 5/10 without meds and 4/10 with meds and it was aggravated by activity. His neck pain was better. He had a normal gait and posture. His lumbar spine had tenderness and myospasm with trigger points and a twitch response. Straight leg raise was positive on the left side causing low back pain to the left posterior thigh at 45 degrees. Braggard's was positive on the left. Range of motion was decreased in all planes and he had decreased sensation on the left side from L4 through S1. Motor strength was mildly decreased at the left quadriceps, EHL, and PRL. Deep tendon reflexes were intact. Electrodiagnostic studies, lumbar MRIs, chiropractic, medications, and PT were all ordered. A similar request had been certified on 01/24/14 and this current request was non-certified as it was a duplicate request. Electrodiagnostic studies do not appear to have been done. The claimant has had epidural steroid injections for radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG BILATERAL LOWER EXTREMITIES AND LUMBOSACRAL PARASPINAL MUSCLES.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS ODG Pain Chapter: Electrodiagnostic Testing, Electromyography (EMG) and Nerve Conduction Studies (NCS).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: The history and documentation do not objectively support the request for EMG of the lower extremities. The MTUS/ACOEM Guidelines state "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." The claimant has already had an imaging study and it is not clear how this study may change the course of the claimant's treatment. Also, "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." In this case, electrodiagnostic studies were approved in early 2014 and it is not clear why the studies were not done. There is no indication that repeat studies or a new certification for the original request is medically necessary. The medical necessity of this request has not been clearly demonstrated.

NCV BILATERAL LOWER EXTREMITIES AND LUMBOSACRAL PARASPINAL MUSCLES.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS ODG Pain Chapter: Electrodiagnostic Testing, Electromyography (EMG) and 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, NCV.

Decision rationale: The history and documentation do not objectively support the request for NCV of the lower extremities and lumbosacral paraspinal muscles.. The MTUS do not address NCV for the lumbar spine and lower extremities. The ODG state NCV 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." There is no evidence that peripheral nerve dysfunction is being evaluated or ruled out. Also, in this case, electrodiagnostic studies were approved in early 2014 and it is not clear why the studies were not done. There is no indication that repeat studies or a new certification for the original request is medically necessary. The medical necessity of this request has not been clearly demonstrated.

