

Case Number:	CM14-0028002		
Date Assigned:	06/20/2014	Date of Injury:	09/07/1998
Decision Date:	07/17/2014	UR Denial Date:	02/24/2014
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 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 60-year-old male who reported an injury on 09/07/1998. The mechanism of injury was not provided. The clinical note dated 02/10/2014 noted the injured worker presented with complaints of low back pain radiating to the bilateral lower extremities, and moderate residual cervical pain with radiation to the bilateral upper extremities. Upon examination, there was a steady gait, moderate tenderness to the lumbar spine with mild muscle spasm noted, and moderate tenderness to the cervical spine, with increased pain upon ambulation on the tips of his toes. The diagnoses were low back pain, cervical spine spondylosis, lumbar spine herniated nucleus pulposus. The MRI of the lumbar spine dated 10/03/2013 revealed the L5-S1 10 to 11 mm disc protrusion with posterior osteophytes resulting in bilateral foraminal narrowing, central canal stenosis, and impingement on the exiting as well as transversing nerve roots on both sides. L4-5 4 mm broad-based disc protrusion with grade 1 spondylolisthesis resulting in bilateral foraminal narrowing and impingement on the exiting nerve root bilaterally; and L2-3 and L3-4 2 to 3 mm broad-based disc protrusion with foraminal narrowing and impingement on the exiting roots. Prior therapy included medication management. The provider requested an EMG of the upper and lower extremities, and an NCV for the upper and lower extremities. The provider's rationale was due to numbness, tingling, and unsteadiness, and to rule out progression and neurologic damage. The Request for Authorization form was not provided in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG UPPER 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 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The request for an EMG of the upper extremities is non-certified. California MTUS/ACOEM Guidelines state that electromyography and nerve conduction velocities, including H-reflex tests, may help identify subtle, focal neurologic dysfunction in injured workers with neck or arm symptoms, or both, lasting more than 3 or 4 weeks. The included medical documentation notes cervical pain with radiation to the bilateral upper extremities. There was a lack of neurological deficits pertaining to the lumbar spine documented. There was as lack of evidence of a positive Spurling's test, decreased reflexes, decreased strength, or decreased sensation. An adequate examination of the injured worker was not provided detailing current deficits to warrant an EMG of the upper extremity. As such, the request is non-certified.

EMG 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.

Decision rationale: The request for EMG of the lower extremities is non-certified. California MTUS/ACOEM Guidelines state that an electromyography may be useful to identify subtle, focal neurologic dysfunction in injured workers with low back symptoms lasting more than 3 or 4 weeks. There was a lack of neurological deficits pertaining to the lumbar spine documented. The clinical note revealed low back pain with radiation to lower bilateral extremities. However, there is no evidence of a positive straight leg raise, sensation, motor strength, or reflex deficits. There is no indication of failure of conservative care treatment to include physical therapy. As such, the request is non-certified.

NCV UPPER 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 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The request for an NCV of the upper extremities is non-certified. California MTUS/ACOEM Guidelines state that electromyography and nerve conduction velocities, including H-reflex tests, may help identify subtle, focal neurologic dysfunction in injured

workers with neck or arm symptoms, or both, lasting more than 3 or 4 weeks. The included medical documentation notes cervical pain with radiation to the bilateral upper extremities. There was a lack of documentation indicating positive provocative testing indicating pathology to the upper extremities that would reveal lack of functional deficits. There was as lack of evidence of a positive Spurling's test, decreased reflexes, decreased strength, or decreased sensation. An adequate examination of the injured worker was not provided detailing current deficits to warrant an NCV of the upper extremity. As such, the request is non-certified.

NCV 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, NCV.

Decision rationale: The request for an NCV of the lower extremities is non-certified. The Official Disability guidelines state that an NCV is not recommended as there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. The clinical note revealed low back pain with radiation to lower bilateral extremities. However, there is no evidence of a positive straight leg raise, sensation, motor strength, or reflex deficits. There is no indication of failure of conservative care treatment to include physical therapy and medication management. Furthermore, the guidelines do not recommend NCV for lower extremity. As such, the request is non-certified.