

Case Number:	CM14-0029104		
Date Assigned:	06/16/2014	Date of Injury:	04/05/2012
Decision Date:	07/16/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	03/06/2014

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 Neurology 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 injured worker is a 55-year old female who sustained injury to her neck and back on 4/5/2014 when four to five boxes fell upon her while removing bread from a freezer shelf at work. A previous review of this case references a C-spine MRI (4/3/2013) and a progress report from a primary treating physician on 12/27/2013. The only clinical record available for this IMR is the summary of an "initial evaluation and complex consultation" exam on 1/27/2014. With regard to the lower back, the patient reported tenderness over the lumbar and limited range of motion with decreased sensation and positive straight leg raise on the left lower extremity. A left foot drop was noted, while objective clinical observations revealed normal deep tendon reflexes and full motor strength bi-laterally. A request for bi-lateral lower extremity EMG & NCV studies to address the source of her lower back pain was made in this report, and it was denied on 2/10/2014. With regard to treatment and management of the patient's injury, summarizations from the previous review and the 1/27/2014 report cite without any detail that the patient has had marginal/brief success with medications, acupuncture, chiropractic, TENS, and physical therapies. The 1/27/2014 report indicates that a prior treating physician had recommended a "neck and back block," but no greater specificity was supplied. The documentation provided to substantiate the request as made on 1/27/2014 lacks the clinical details which would warrant the diagnostics requested at that time. EMG and NCV studies of the lower left and lower right extremities were not medically necessary. For the purposes of this review, NCV studies are a component diagnostic included within the EMG study itself. Since the MTUS addresses the use of EMG studies and does not speak to NCV in particular, this review will apply criteria to use of EMG primarily (as it includes NCV) even when the request is differentiated as separate tests.

IMR ISSUES, DECISIONS AND RATIONALES

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

ELECTROMYOGRAPHY (EMG) FOR THE LEFT LOWER EXTREMITY: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: It appears that the present complaint of bi-lateral lower back pain is being addressed with any clinical detail for the first time in the 1/27/14 initial evaluation. It is unclear from the summarizations provided either a date-of-onset of the low back pain nor any management specific to its remediation: records referenced indicate injury to neck and "back," resulting in neck pain and limited range of motion with trigger points across upper back bi-laterally and shoulder pain radiating bilaterally to upper extremities. The MRI referenced was specific to the C-spine, further suggesting that treatments were particular to the neck and upper back complaints. It is unclear whether or not the management and therapies so generalized in these reports addressed with any specificity the complaints of lower back pain. Without greater detail as to its history, progression, or specific assessment and treatment of this particular complaint, it can be said that the 1/27/14 evaluation is the first clinically-relevant documentation of lower back pain. However, the neurological exam in this report lacks sufficient detail with regard to any particular myotomes or dermatomes in either lower extremity that indicate clinically significant findings as would pertain to a neuropathological abnormality warranting EMG/NCV studies. The exam showed normal reflexes and full motor strength bi-laterally in spite of a positive SLT and foot drop in the left lower extremity. These subjective one-time findings are not consistent with the otherwise normal reported neurological exam as they pertain to the lower back. This exam is inconclusive and requires follow-up neuro exam after the patient has complied with a conservative management protocol -- especially since no details were given with regard to any previous neuro exams. Chapter 12's Table 12-8: Summary of Recommendations for Evaluating and Managing Low Back Complaints of ACOEM Guidelines (p. 309) indicates that EMG studies are recommended when a three-four week course of management/observation yields no improvement, and where obvious radiculopathy is not present. The exam on 1/27/2014 is insufficient to substantiate that either criteria was met. Diagnostic studies should only be ordered in context of sufficient clinical histories and not simply for screening purposes. At the time the request was made, EMG and NCV studies of the lower right and lower left extremities was not medically necessary.

NERVE CONDUCTION STUDY (NCS) FOR THE LEFT LOWER EXTREMITY: 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): 309.

Decision rationale: It appears that the present complaint of bi-lateral lower back pain is being addressed with any clinical detail for the first time in the 1/27/14 initial evaluation. It is unclear from the summarizations provided either a date-of-onset of the low back pain nor any management specific to its remediation: records referenced indicate injury to neck and "back," resulting in neck pain and limited range of motion with trigger points across upper back bi-laterally and shoulder pain radiating bilaterally to upper extremities. The MRI referenced was specific to the C-spine, further suggesting that treatments were particular to the neck and upper back complaints. It is unclear whether or not the management and therapies so generalized in these reports addressed with any specificity the complaints of lower back pain. Without greater detail as to its history, progression, or specific assessment and treatment of this particular complaint, it can be said that the 1/27/14 evaluation is the first clinically-relevant documentation of lower back pain. However, the neurological exam in this report lacks sufficient detail with regard to any particular myotomes or dermatomes in either lower extremity that indicate clinically significant findings as would pertain to a neuropathological abnormality warranting EMG/NCV studies. The exam showed normal reflexes and full motor strength bi-laterally in spite of a positive SLT and foot drop in the left lower extremity. These subjective one-time findings are not consistent with the otherwise normal reported neurological exam as they pertain to the lower back. This exam is inconclusive and requires follow-up neuro exam after the patient has complied with a conservative management protocol -- especially since no details were given with regard to any previous neuro exams. Chapter 12's Table 12-8: Summary of Recommendations for Evaluating and Managing Low Back Complaints of ACOEM Guidelines (p. 309) indicates that EMG studies are recommended when a three-four week course of management/observation yields no improvement, and where obvious radiculopathy is not present. The exam on 1/27/2014 is insufficient to substantiate that either criteria was met. Diagnostic studies should only be ordered in context of sufficient clinical histories and not simply for screening purposes. At the time the request was made, EMG and NCV studies of the lower right and lower left extremities was not medically necessary.

ELECTROMYOGRAPHY (EMG) FOR THE RIGHT LOWER EXTREMITY: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: It appears that the present complaint of bi-lateral lower back pain is being addressed with any clinical detail for the first time in the 1/27/14 initial evaluation. It is unclear from the summarizations provided either a date-of-onset of the low back pain nor any management specific to its remediation: records referenced indicate injury to neck and "back," resulting in neck pain and limited range of motion with trigger points across upper back bi-laterally and shoulder pain radiating bilaterally to upper extremities. The MRI referenced was specific to the C-spine, further suggesting that treatments were particular to the neck and upper back complaints. It is unclear whether or not the management and therapies so generalized in these reports addressed with any specificity the complaints of lower back pain. Without greater detail as to its history, progression, or specific assessment and treatment of this particular

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