Case Number:	CM14-0030133		
Date Assigned:	06/20/2014	**Date of Injury:**	09/17/2009
Decision Date:	07/17/2014	**UR Denial Date:**	03/06/2014
Priority:	Standard	**Application Received:**	03/10/2014

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, has a subspecialty in Interventional Spine 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:

According to the progress report, the patient states that she is now worse since the date of injury. She states that she is unable to work because she cannot stand for more than 15 to 20 minutes and cannot walk for more than 15 to 20 minutes. The patient states that she did receive some physical therapy and continues to do stretching on a daily basis. She did receive a total of 2 epidural steroid injections from 2010 and 2011. The first one helped but the second one did not. The patient states that she is having low back pain with difficulty sleeping. The physical examination shows there is tenderness to palpation over the spinous process and paravertebral muscles bilaterally. Straight leg raising does cause some pain in the lower back on the right at 60 degrees. It is normal on the left side. Hip range of motion is within normal limits bilaterally. Sensation is intact in L1 to S1 bilaterally. The MRI of the lumbar spine dated 09/09/2013 shows mild broad-based disk bulging at L4-L5. There is facet arthropathy at L5-S1. The utilization review denied the request on 03/06/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Fitness for Duty Chapter, Functional Capacity Evaluation.

MAXIMUS guideline: Decision based on the MTUS, Chronic Pain Medical Treatment Guidelines.

Decision rationale: The progress report dated 03/03/2014 documents, "In order to assess the patient with recurrent psychological issues and her de-conditioned state and the need to improve her flexibility, strength and endurance, she should undergo a Functional Restoration Program. If accepted into the program, her care should be transferred to that department." In the same report, the treater documents that the patient has not been working since the date of injury and has utilized physical therapy, epidural steroid injections and continues to have ongoing pain and difficulty sleeping. In this case, while the patient may be a candidate but the request does not specify the duration and not all of the criteria are met for a functional restoration program. The patient may better be served with a full evaluation for the program but the request for the actual program without additional information cannot be supported. The request is not medically necessary.

EMG of the Lower Extremities: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation ODG guidelines have the following regarding NCV studies:Not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. (Utah, 2006) This systematic review and meta-analysis demonstrate that neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy. (Al Nezari, 2013) In the management of spine trauma with radicular symptoms, EMG/nerve conduction studies (NCS) often have low combined sensitivity and specificity in confirming root injury, and there is limited evidence to support the use of often uncomfortable and costly EMG/NCS. (Charles, 2013) See also the Carpal Tunnel Syndrome Chapter for more details on NCS. Studies have not shown portable nerve conduction devices to be effective. EMGs (electromyography) are recommended as an option (needle, not surface) to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious.

Decision rationale: This patient presents with chronic low back pain. The provider is requesting an EMG/NCV of the lower extremities. The ACOEM Guidelines page 303 states that electromyography (EMG), including H-reflex test, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. There is minimal justification for performing nerve conduction studies when the patient is presumed to have symptoms on the basis of radiculopathy. The systematic review and meta-analysis demonstrated neurological testing procedures have limited overall diagnostic accuracy in detecting disk herniation with suspected radiculopathy. In the management of spine trauma with radicular symptoms, EMG/NCS often have low combined sensitivity and specificity in confirming root injury, and there is limited evidence to support the use of often uncomfortable and costly EMG/NCS. The progress report dated 03/03/2014 documents, Due to the weakness of the right foot, EHL, and the magnetic resonance imaging report suggesting pressure on the L5 nerve root, the patient should undergo an EMG/nerve conduction study. If significant pathology is identified, the patient may be a candidate for surgical intervention. A review of the available reports does not show evidence of a recent EMG/NCV studies. Given the patient's persistent low back pain, some weakness down the leg, EMG/NCV appears reasonable. The request is medically necessary.

NCS of the Lower Extremities: Overturned

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

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