

Case Number:	CM14-0030268		
Date Assigned:	06/20/2014	Date of Injury:	05/07/2012
Decision Date:	08/12/2014	UR Denial Date:	02/17/2014
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 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 34 year old male who reported an injury after helping a client out of a car and the client slipped causing him to catch her weight with his back on 05/07/2012. In the clinical notes dated 02/10/2014, the injured worker complained of continued bilateral leg pain that was in the S1 distribution more so than the L5. It was noted that the injured worker rated his pain level status as 5/10 to 6/10 on the visual analog pain scale. It was noted that the symptoms had been present since 05/07/2012. Prior treatments included physical therapy, prescribed medications, and home exercise program. The injured worker's prescribed medications included Flexeril 5 mg, Vicodin 5/500 mg, Naprosyn 500 mg, Carisoprodol 350 mg, Cyclobenzaprine HCL 10 mg, and Ibuprofen 800 mg. The physical examination revealed normal range of motion without pain or crepitus; stability normal; and muscle strength and tone normal without spasticity or atrophy and no neuromuscular or functional deficits. It was noted that the injured worker continued to have axial back pain with radiation to posterior aspect of the calf, the lateral border of the foot and the little toe. It was also noted that the injured worker has had equivocal nerve root tension signs and that he guarded his back and leg movement. An x-ray was taken with the clinical visit that revealed intervertebral disc height to be well maintained and normal lordotic alignment of the vertebral bodies. The diagnoses included low back pain and degenerative disc disease of the lumbar spine. The treatment plan included a request for bilateral lower extremities EMG for the next phase of diagnosis in order to support the request for microscopic decompression surgery. The request for authorization dated 02/10/2014 was submitted for review. The rationale for the requested testing was to demonstrate radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat Electromyography (EMG) bilateral lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (<http://www.odg-twc.com/odgtwc/Low_Back.htm>).

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

Decision rationale: The ACOEM Guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in injured workers 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. Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in injured worker's with low back symptoms lasting more than 3 or 4 weeks. In the clinical notes provided for review, there is a lack of documentation of the injured worker having positive signs to indicate radiculopathy such as a positive straight leg raise. It is annotated that the injured worker had normal range of motion and no neurological or functional deficits. Furthermore, it is annotated that the injured worker had previous EMG/NCV of the lower extremities dated 07/12/2012 which revealed positive for abnormal exam due to denervation of the left L5-S1 muscles which was consistent with left L5-S1 radiculopathy. Therefore, the request is not medically necessary and appropriate.

Repeat Nerve Conduction Velocity (NCV) bilateral lower extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (<http://www.odg-twc.com/odgtwc/Low_Back.htm>).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, NCS.

Decision rationale: The ACOEM Guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in injured workers 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 Official Disability Guidelines do not recommend NCV as there is minimal justification for performing an NCV when a patient is presumed to have symptoms on the basis of radiculopathy. In the clinical notes provided for review, it is annotated that the injured worker had normal range of motion and no neurological or functional deficits. Furthermore, it is annotated that the injured worker had previous EMG/NCV of the lower extremities dated 07/12/2012 which revealed

positive for abnormal exam due to denervation of the left L5-S1 muscles which was consistent with left L5-S1 radiculopathy. Therefore, the request is not medically necessary and appropriate.