MAXIMUS Federal Services

Case Number:	CM14-0031202		
Date Assigned:	05/02/2014	Date of Injury:	05/11/2009
Decision Date:	07/08/2014	UR Denial Date:	12/24/2013
Priority:	Standard	Application Received:	01/29/2014

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 35-year-old male who reported an injury on 05/11/2009. The mechanism of injury was the injured worker lifted a heavy box of frozen chicken. The diagnoses included multilevel lumbar disc post surgery times 2 for decompression, bilateral lower extremity radicular pain, psychiatric issues, sexual dysfunction, and a history of suicide attempts. The documentation of 11/25/2013 revealed the injured worker had complaints of lumbar spine pain that radiated down his bilateral legs extending to the toes greater on the right. The injured worker had numbness and tingling in both legs and feet. There is a history of lumbar spine surgery. The physical examination revealed tenderness and hypertonicity in the lumbar paraspinal muscles with palpation. The injured worker had a straight leg raise and Kemp's test that were positive bilaterally. The muscle group strength was 4/5 in the L5 muscle groups bilaterally. Deep tendon reflexes were +2 in the L4 muscle groups bilaterally. Sensation was decreased in the L5 and S1 muscle groups bilaterally. The treatment plan included an updated MRI, an evaluation by pain management, tramadol, a urine drug screen, and an EMG/NCV of the bilateral lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

ELECTROMYOGRAPHY (EMG) LEFT LOWER EXTREMITY: Upheld

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

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

Decision rationale: The MTUS/ACOEM Guidelines states that 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. There should be documentation of 3 - 4 weeks of conservative care and observation. The clinical documentation submitted for review failed to provide documentation of 3 to 4 weeks of conservative care and observation. Additionally, there was a lack of documentation indicating the injured worker had a significant change in symptomatology as the injured worker had undergone 2 prior surgical interventions. Given the above, the request for Electromyography (EMG) of the right and left lower extremities are not medically necessary and appropriate.

NERVE CONDUCTION VELOCITY (NCV) LEFT LOWER EXTREMITY: Upheld

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

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 Chapter, Nerve conduction studies (NCS).

Decision rationale: The Official Disability Guidelines do not recommend NCS, as 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 documentation of peripheral neuropathy condition that exists in the bilateral lower extremities. There is no documentation specifically indicating the necessity for both an EMG and NCV. The clinical documentation submitted for review failed to provide documentation of 3 to 4 weeks of conservative care and observation. Additionally, there was a lack of documentation indicating the injured worker had a significant change in symptomatology as the injured worker had undergone 2 prior surgical interventions. Given the above, the request for Nerve Conduction Velocity (NCV) of the right and left lower extremities are not medically necessary and appropriate.

ELECTROMYOGRAPHY (EMG) RIGHT LOWER EXTREMITY: Upheld

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

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

Decision rationale: The MTUS/ACOEM Guidelines states that 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. There should be documentation of 3 - 4 weeks of conservative care and observation. The clinical documentation submitted for

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NERVE CONDUCTION VELOCITY (NCV) RIGHT LOWER EXTREMITY: Upheld

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

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