

Case Number:	CM14-0035238		
Date Assigned:	06/23/2014	Date of Injury:	10/30/2012
Decision Date:	07/31/2014	UR Denial Date:	02/17/2014
Priority:	Standard	Application Received:	03/21/2014

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 51-year-old male who reported injury on 10/30/2012. The mechanism of injury is unknown. The injured worker complained of mid and low back pain. Also, complained of lower extremity pain. He rated his pain at 7/10 to 8/10 in low back, 6/10 to 7/10 in the left leg, and 4/10 to 5/10 in the right leg. He also complained of pain in the left hand which he rated at 6/10 on VAS. Physical examination revealed tenderness to palpation in the paraspinal musculature of the lumbar region bilaterally. Midline tenderness was noted in the lumbar spine. There were spasms in the mid thoracic musculature of the left side. Muscles spasms were positive over the lumbar spine. Range of motion of the spine revealed flexion of 20 degrees, extension of 15 degrees, rotation right was 20 degrees, rotation left was 20 degrees, tilt right was 10 degrees, and tilt left was 10 degrees. Motor strength examination revealed manual muscle test were normal, except for a grade 4 plantar flexor and toe extensor bilaterally. There was weakness in the lower extremities, left greater than the right. Diagnostics have been done on injured worker to include an MRI done on 04/07/2014. MRI revealed remote compression fracture of the L1 vertebra. It also revealed at L5-S1 a 5 mm left paracentral disc protrusion resulting in abutment of the descending left S1 nerve root. At L4-5, there was a 5 mm right foraminal disc protrusion with abutment of the exiting right L4 nerve root. There was also a broad 4 mm midline disc protrusion with abutment of the descending L5 nerve roots bilaterally. The injured worker has diagnoses of L4-5 and L5-S1 disc herniation with bilateral lumbar radiculopathy, left carpal tunnel syndrome, and left foot pain. Past treatments include physical therapy, aquatic therapy, bilateral shoe inserts with heel cups, and medication therapy. Medications include Tramadol ER 150 mg #60, and Norco 10/325 mg #60. The current treatment plan is for electromyography of the lower extremities, nerve conduction velocity of the lower extremities and bilateral shoe inserts with heel cups. The rationale was not submitted for

review. The Request for Authorization Form was submitted on 01/09/2014, by [REDACTED].

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography of the lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The request for Electromyography of the lower extremities is non-certified. The injured worker complained of mid and low back pain. Also complained of lower extremity pain. He rated his pain at 7-8/10 in low back, 6-7/10 in the left leg and 4-5/10 in the right leg. He also complained of pain in the left hand which he rated at 6/10 on VAS. ACOEM guidelines state that there are to be unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. 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. Discography is not recommended for assessing patients with acute low back symptoms. EMGs may be useful to obtain unequivocal evidence of radiculopathy, after 1 month conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. Furthermore, there was no correlation found between intraoperative EMG findings and immediate postoperative pain, but inoperative intraoperative spinal cord monitoring is becoming more common and, therefore, may benefit in surgery with major corrective anatomic intervention like fracture, or scoliosis, or fusion, or there is significant stenosis. As such, the request for electromyography of the lower extremities is not medically necessary and appropriate.

Nerve Conduction Velocity of the lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines.

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 Pain, Nerve conduction studies (NCS).

Decision rationale: The request for Nerve Conduction Velocity of the lower extremities is non-certified. The injured worker complained of mid and low back pain. Also complained of lower extremity pain. He rated his pain at 7-8/10 in low back, 6-7/10 in the left leg and 4-5/10 in the

right leg. He also complained of pain in the left hand which he rated at 6/10 on VAS. ODG guidelines do not recommend NCS. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. 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. Given that the submitted records already show the injured worker having radiculopathy, there is no reason to perform an NCS. Guidelines also state that there is limited evidence to support the use of them, are uncomfortable and costly. As such, the request for nerve conduction velocity of the lower extremities is not medically necessary and appropriate.

Bilateral shoe inserts with heel cups: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM pages 1044-1046 Official Disability Guidelines, Ankle & Foot.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Insoles.

Decision rationale: The request for Bilateral shoe inserts with heel cups is non-certified. The injured worker complained of mid and low back pain. Also complained of lower extremity pain. He rated his pain at 7-8/10 in low back, 6-7/10 in the left leg and 4-5/10 in the right leg. He also complained of pain in the left hand which he rated at 6/10 on VAS. ODG guidelines recommend insoles as an option for the following: in mild OA (Osteoarthritis) but not advanced stages of OA. Insoles can reduce pain among patients with knee OA. Increased joint loading significantly increases the risk of osteoarthritis progression, but is amenable to change using insoles or footwear, and insoles and footwear offer great potential as simple, inexpensive treatment strategies for knee osteoarthritis. As stated by ODG, insoles are only recommended to people with osteoarthritis. There was no indication or any documentation stating that the injured worker was diagnosed with osteoarthritis. The injured worker's complaints were of mid and low back and lower extremity pain, nothing specific to the leg or the feet. As such, the request for bilateral shoe inserts with heel cups is not medically necessary and appropriate.