

Case Number:	CM14-0037449		
Date Assigned:	06/25/2014	Date of Injury:	06/19/2013
Decision Date:	07/29/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	03/28/2014

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 General Surgery, has a subspecialty in Surgical Critical Care and is licensed to practice in Texas. 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 65-year-old female, who sustained an injury on 06/19/2013. The prior treatment included physical therapy (PT) which provided minimal relief. A magnetic resonance imaging (MRI) of the lumbar spine dated 07/19/2013 revealed a 5-6 millimeter disc protrusion at L5-S1 with bilateral moderate neural foraminal stenosis and facet hypertrophy probably indenting both L5 exiting nerve roots. There was a 4 millimeter disc protrusion at L4-L5 with bilateral foraminal stenosis with probable contact on the exiting right L4 exiting nerve root. There was a 3-4 millimeter disc protrusion at L2-L3 with neural foraminal narrowing. Per a letter with an unknown date, the most recent progress report indicated that the claimant had slight tenderness in the lumbar paravertebral muscles, a positive straight leg raise test and painful range of motion (ROM). It was noted that on 10/31/2013 the request for bilateral lower extremity electrodiagnostic studies was non-authorized as there was no clear indication that the claimant had radicular neurological deficits to the lower extremities including motor weakness and sensory alteration. Given the medical evidence provided, the service was determined not to be medically necessary. A treating provider evaluated the claimant on 02/18/2014 for complaints of neck pain and low back pain, which radiated to the lower extremities. She had completed PT, but unfortunately remained symptomatic. The lumbar spine examination revealed slight tenderness in the lumbar paravertebral muscles. Flexion was 45 degrees, extension 5 degrees, and right and left lateral bending was to 10 degrees, all with increased low back pain. The straight leg raising was to 50 degrees bilaterally, without pain in the lower back region. The plan was for electrodiagnostic studies of the lower extremities to evaluate for lumbar radiculopathy. Due to the severity of the pain, the claimant was to remain of temporary total disability until she was reevaluated. On 03/13/2014, the claimant was notified about the non-certification of electrodiagnostic studies of the lower extremities. The diagnoses were rule out peripheral nerve

compression versus cervical radiculopathy, bilateral upper extremities, lumbar spine myoligamentous sprain/ strain, lumbar disc protrusions, lumbar spondylosis, lumbar radiculitis and left hip pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, EMG'S (electromyography) and nerve conduction studies (NCS) sections.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Electrodiagnostic studies (EDS), EMGs (electromyography).

Decision rationale: This is a claimant with chronic low back pain with radicular symptoms. There are no obvious sensory or motor or deep tendon reflex (DTR) losses noted but there is evidence of nerve root tension which may be attributable to a neurocompressive lesion. Given the persistence of radiculitis and positive straight leg raise (SLR) test, the requested EMG is reasonable to discern whether there is radiculopathy due to a neuropathic component. Therefore the EMG as requested is reasonable and medically necessary.

NCS bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, EMG'S (electromyography) and nerve conduction studies (NCS) sections.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Electrodiagnostic studies (EDS), Nerve conduction studies (NCS).

Decision rationale: The addition of NCV does not add to the sensitivity or specificity of the EMG. Additionally, NCV is not recommended by the Official Disability Guidelines. Therefore the NCV as requested is not medically necessary and appropriate.