

Case Number:	CM14-0040727		
Date Assigned:	06/30/2014	Date of Injury:	06/19/2013
Decision Date:	08/20/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	04/07/2014

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 Anesthesiology, has a subspecialty in Pain Medicine 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 39 year old male who sustained an injury to his low back on 06/19/13 when he fell during a potato sack race at a company picnic. The injured worker continued to complain of low back pain at 6-7/10 visual analog scale with lower extremity, sciatic-like pain, associated numbness/tingling to the foot, difficulty walking, standing, and climbing stairs. Physical examination noted tenderness over the midline lower lumbar region, bilateral sacroiliac joints, and the sciatic notch; range of motion within normal limits; trunk strength 4/5, as well as lower extremity strength; positive straight leg raise at 70 degrees. Magnetic resonance image of the lumbar spine dated 07/23/13 reportedly revealed a large extruded disc fragment noted at L4-5 with impingement of the left L5 nerve root. Treatment to date has included physical therapy, non-steroidal anti-inflammatory drugs, lumbar epidural steroid injections dated 08/2013, 09/2013, 11/2013 and 01/2014, removal of pillow needle cyst on 08/26/13.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Pain Chapter: Electrodiagnostic testing.

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, EMGs (electromyography).

Decision rationale: The need for electrodiagnostic studies of the right lower extremity is not explained or why EMG is needed or the left lower extremity in the setting of clinically L5 radiculopathy. The Official Disability Guidelines state that EMGs (electromyography) may be useful to obtain unequivocal evidence of radiculopathy, after 1 month of conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. The ODG also state that there is minimal justification for performing nerve conduction studies when an injured worker is presumed to have symptoms on the basis of radiculopathy. 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. Given this, the request for an EMG/NCV of the bilateral lower extremities is not indicated as medically necessary.

NCV Bilateral lower extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Pain Chapter: Electrodiagnostic testing.

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 need for electrodiagnostic studies of the right lower extremity is not explained or why EMG is needed or the left lower extremity in the setting of clinically L5 radiculopathy. The Official Disability Guidelines (ODG) state that EMGs (electromyography) may be useful to obtain unequivocal evidence of radiculopathy, after 1 month of conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. The ODG also state that there is minimal justification for performing nerve conduction studies when an injured worker is presumed to have symptoms on the basis of radiculopathy. 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. Given this, the request for an EMG/NCV of the bilateral lower extremities is not indicated as medically necessary.