

Case Number:	CM14-0042550		
Date Assigned:	06/30/2014	Date of Injury:	06/14/2009
Decision Date:	07/30/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	04/08/2014

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 Orthopedic Surgery 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 55 year old female who reported an injury on 06/14/2009 due to a slip and fall on some stairs. The injured worker complained of low back pain radiating down to her lower extremities, right greater than the left. She had numbness, parasthesias, and weakness to both lower extremities. On 02/18/2014 the physical examination revealed limited lumbar extension at 20 degrees with pain. The right straight leg test was weakly positive at 45 degrees. She had a negative Patrick test. The neurologic examination revealed grade 4/5 bilateral hip flexor and abductor strength with pain inhibition. The sensory examination revealed global deficit to light touch and pinprick in the right lower extremity. There were no diagnostic studies submitted for review. The injured worker had diagnoses of lumbar strain, lumbar spondylosis, and lumbar facet syndrome with radiculopathy. The past treatment method was acupuncture therapy. The injured worker was on the following medications Lisinopril-hydrochlorothiazide 20/12.5, Tramadol 50mg, Levothyroxine 100mg, Wellbutrin 200mg, Prilosec 20mg, Meloxicam 15mg, Neurontin 300mg, Gabapentin 300mg, Ultram 50mg, Ketoprofen, and Zanaflex. The current treatment plan is for electromyography (EMG), and nerve conduction velocity of the bilateral lower extremities. The rationale for the request was because her manual muscle testing was not clear to regards to true neurogenic weakness, and she had persistent radicular symptoms. It was unclear whether she had lumbosacral radiculopathy with ongoing denervation. The request for authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Electromyography: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Low Back Disorders. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter online version; EMGs (electromyography).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation (ODG) Low Back, EMGs (electromyography).

Decision rationale: The request for electromyography is non-certified. The injured worker has a history of low back pain radiating down to her lower extremities, right greater than the left. The ACOEM guidelines state that electromyography (EMG), may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. The Official Disability Guidelines (ODG) state electromyography EMGs may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. The injured worker had a positive straight leg test and decreased sensation in the right lower extremity. Based on the documentation submitted, the injured worker had signs and symptoms that were consistent with radiculopathy. In addition, there was lack of documentation of conservative treatment. The request for electromyography is non-certified.

Nerve Conduction Velocity Study of the 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 (ODG) Low Back Chapter online version; Nerve Conduction Studies (NCS).

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, Nerve conduction studies (NCS).

Decision rationale: The request for nerve conduction velocity study of the bilateral lower extremities is non-certified. The injured worker has a history of low back pain radiating down to her lower extremities, right greater than the left. The ODG guidelines state that nerve conduction velocity studies are not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. The injured worker had a positive straight leg test and decreased sensation in the right lower extremity. In addition, the injured worker had signs and symptoms that were consistent with radiculopathy. The request for nerve conduction velocity study of the bilateral lower extremities is non-certified.