

Case Number:	CM14-0048023		
Date Assigned:	07/11/2014	Date of Injury:	06/28/2011
Decision Date:	09/16/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/16/2014

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 37-year-old male who reported an injury after dumping a container with both hands, he felt a pulling sensation followed by soreness on his lower back on 06/28/2011. The clinical note dated 02/11/2014 indicated the injured worker complained of constant lower back pain rated 8/10 to 10/10 with constant radiation of pain, numbness, and tingling down to the bilateral foot, right more than left. The injured worker reported difficulty with prolonged weightbearing and repetitive activities that involved bending at the waist. The injured worker had difficulty with prolonged sitting, lying down, sleeping, stairs, and driving. The injured worker was able to walk approximately 10 minutes before he had to stop due to pain and he used a lumbar brace frequently. The injured worker reported he was not taking any medications. On physical examination of the lumbosacral spine, there was tenderness over the right more than left sacroiliac joint with mild swelling and tenderness over the midline lumbar spine, right more than left, paraspinal musculature with guarding noted. There was tight sciatic notch tenderness. The injured worker's range of motion revealed flexion of 50 degrees, extension of 10 degrees, and left and right lateral flexion of 20 degrees. The injured worker had a positive Kemp's test, and positive straight leg raise on the right at 45 degrees and on the left at 70 degrees. The injured worker had difficulty with toe-heel walk due to pain and weakness. The injured worker's deep tendon reflexes were 1+ for the right patella. The injured worker's diagnosis included intervertebral lumbar disc syndrome with right sciatic radiculopathy. The injured worker's unofficial MRI of the lumbar spine dated 03/15/2013 indicated L4-5 disc level showed a 4 mm posterior disc bulge indenting the anterior portion of the lumbosacral sac, L5-S1 disc level showed a 6 mm upward protrusion of the nucleus pulposus indenting the anterior portion of the lumbosacral sac. The injured worker's prior treatments included diagnostic imaging. The provider submitted a request for NCV of the right lower extremity, EMG of the right lower

extremity, NCV of the left lower extremity, and EMG of the left lower extremity. A Request for Authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCV Right Lower Extremity: 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), 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 Official Disability Guidelines do not recommend nerve conduction studies as there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. The documentation submitted indicates the injured worker had a positive straight leg raise on the right at 45 degrees and on the left at 70 degrees. In addition, the injured worker reported numbness and tingling down to the bilateral foot. Radiculopathy is clinically obvious. In addition, the injured worker had an EMG and nerve conduction study of the right lower extremity dated 04/20/2010. The unofficial EMG was abnormal, indicating right L5-S1 disc with right S1 radiculopathy. Therefore, the request for NCV of the right lower extremity is not medically necessary.

EMG Right Lower Extremity: 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 (ODG), Low Back Chapter, Electromyography (EMG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

Decision rationale: The California MTUS/ACOEM guidelines recommend the detection of physiologic abnormalities for EMG. If there is no improvement after 1 month, the physician should consider needle EMG and H-reflex tests to clarify nerve root dysfunction. The guidelines do not recommend an EMG for clinically obvious radiculopathy. The injured worker had radiation with numbness and tingling. In addition, the injured worker had a positive straight leg raise bilaterally. This is indicative of radiculopathy. Moreover, the unofficial MRI collaborates radiculopathy. In addition, the injured worker had a prior EMG and NCV that was abnormal and the diagnosis of the EMG and NCV result was radiculopathy. Therefore, radiculopathy is clinically obvious. As such, the request for EMG of the right lower extremity is not medically necessary.

NCV Left Lower Extremity: 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), 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 Official Disability Guidelines do not recommend nerve conduction studies as there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. The documentation submitted indicates the injured worker had a positive straight leg raise on the right at 45 degrees and on the left at 70 degrees. In addition, the injured worker reported numbness and tingling down to the bilateral foot. Radiculopathy is clinically obvious. In addition, the injured worker had an EMG and nerve conduction study of the right lower extremity dated 04/20/2010. The unofficial EMG was abnormal, indicating right L5-S1 disc with right S1 radiculopathy. Therefore, the request for NCV of the left lower extremity is not medically necessary.

EMG Left Lower Extremity: 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 (ODG), Low Back Chapter, Electromyography (EMG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

Decision rationale: The California MTUS/ACOEM guidelines recommend the detection of physiologic abnormalities for EMG. If there is no improvement after 1 month, the physician should consider needle EMG and H-reflex tests to clarify nerve root dysfunction. The guidelines do not recommend an EMG for clinically obvious radiculopathy. The injured worker had radiation with numbness and tingling. In addition, the injured worker had a positive straight leg raise bilaterally. This is indicative of radiculopathy. Moreover, the unofficial MRI corroborates radiculopathy. In addition, the injured worker had a prior EMG and NCV that was abnormal and the diagnosis of the EMG and NCV result was radiculopathy. Therefore, radiculopathy is clinically obvious. As such, the request for EMG of the left lower extremity is not medically necessary.