

Case Number:	CM14-0053332		
Date Assigned:	07/07/2014	Date of Injury:	03/16/1995
Decision Date:	08/29/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	04/21/2014

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 Occupational Medicine 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:

This is a 67 year old male with a 3/16/1995 date of injury. The exact mechanism of injury has not been described. The most recent progress note available was dated 6/10/2014 which the patient states he is having low back pain that radiates to lower extremities. He also mentions his toes get numb and sometimes he feels weakness. Only treatment mentioned in the documentation provided was the prescribed neurontin for neuropathic pain. The available documents do not explain if any benefits or nonbenefits occurred with the medication prescribed. Objective: Negative upper/lower extremity weakness. Neurological exam for cranial nerves II to XII show no defect. Sensation is intact to light touch and pinprick in all dermatomes in the bilateral lower extremities. Deep tendon reflex examination: knee and ankle jerks right & left 1+. Gait pattern is normal with heel and toe ambulation causing no increase in back pain. There was tenderness noted at the L4-L5 and L5-S1 on deep palpation as well as bilateral posterior, superior iliac spine. Straight leg raising from the supine position is negative at 90 degrees bilaterally. Patient did have weak knee extensors and flexors as well as hallucis longus. Diagnostic Impression: Lumbar sprain, Lumbar disc disease, s/p lumbar spine surgery (6/19/2012), Right MetRx L4/L5, L5/S1 laminoforaminotomy via MetRx. Treatment-to-date: Medication management. A UR decision dated 4/11/2014 denied the request for electromyography of bilateral lower extremities along with the decision for nerve conduction velocity of bilateral lower extremities. The rationale for EMG/NCV was not provided in medical records. The report mentions lower extremity weakness but this was not quantified. Patient denied lower extremity weakness under the review of systems. Root tension sign was negative and there were no sensory deficits on examination. There was also no consideration of distal neuropathy to warrant NCV. The medical necessity of EMG/NCV was not established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography of 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 - Treatment for Workers Compensation, Chapter Low Back - Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, Chronic Pain Treatment Guidelines Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines ODG (Low Back Chapter EMG/NCV).

Decision rationale: CA MTUS states that electromyography (EMG), including H-reflex tests, are indicated to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. In addition, ODG states stat 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, NCS are not recommended when a patient is presumed to have symptoms on the basis of radiculopathy. The objective exam does not demonstrate any type of neurologic dysfunction to the lower extremities. Furthermore the available documents do not discuss any positive or negative outcomes of conservative treatment. Therefore, the decision for electromyography of bilateral lower extremities is not medically necessary.

Nerve Conduction Velocity of 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 - Treatment for Workers Compensation, Chapter Low Back - Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, Chronic Pain Treatment Guidelines Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines ODG (Low Back Chapter EMG/NCV).

Decision rationale: CA MTUS states that electromyography (EMG), including H-reflex tests, are indicated to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. In addition, ODG states stat 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, NCS are not recommended when a patient is presumed to have symptoms on the basis of radiculopathy. The objective exam does not demonstrate any type of neurologic dysfunction to the lower extremities. Furthermore the available documents do not discuss any positive or negative outcomes of conservative treatment. Therefore, the decision for nerve conduction velocity of bilateral lower extremities is not medically necessary.

