

Case Number:	CM14-0056372		
Date Assigned:	07/09/2014	Date of Injury:	01/03/2014
Decision Date:	08/08/2014	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	04/25/2014

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, has a subspecialty in Interventional Spine 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 patient is a 24-year-old male with an injury date of 01/03/14. Based on the 03/31/14 progress report provided by [REDACTED], the patient complains of pain in the lumbosacral area, which radiates to the right buttock, right thigh and the right leg. He also complains of numbness in the right leg, rating his pain as a 7-8/10. The 03/17/14 report states that the patient also has pain radiating to his left thigh and left calf. Examination of the lumbar spine shows tenderness in the paralumbar are right more than the left, spasm noted in the paralumbar area right more than the left, tenderness noted in the right greater sciatic notch area. Range of motion of the lower back is painful and limited. There was no list of diagnoses provided. [REDACTED] is requesting for the following: 1.Electrodiagnostic medicine consult; 2.EMG of the lumbar spine and right lower extremity; 3.NCV of the lumbar spine and right lower extremity; 4.Pain management consult. The utilization review determination being challenged is dated 04/09/14. No rationale was provided regarding the electrodiagnostic medicine consult. The rationale for EMG/NCV is that under ODG criteria, electrodiagnostic studies are not recommended and there is no baseline report of a neurological exam. The rationale for the pain management consult was that the injury is very recent and the patient is on narcotics, which can be managed without the specialty of pain management. [REDACTED] is the requesting provider, and he provided treatment reports from 01/14/14- 03/31/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electro diagnostic medicine consult: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004 page 127- Referrals or consultations.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM Practice Guidelines, 2nd Edition (2004), Ch:7 page 127.

Decision rationale: According to the 03/31/14 report by [REDACTED], the patient complains of pain in the lumbosacral area, which radiates to the right buttock, right thigh and the right leg. He also complains of numbness in the right leg. The request is for an electrodiagnostic medicine consult. ACOEM Practice Guidelines page 127 has the following: The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. ACOEM guidelines further states, referral to a specialist is recommended to aid in complex issues. In this case, however, it is not known what is to be accomplished with this particular consult. Electrodiagnosticians typically combine consult with the EMG/NCV studies and they do not need to be separated out. EDX consult is for performance of the EMG/NCV diagnostics. Consultation to perform EMG/NCV studies would appear reasonable. Given the above the request is medically necessary.

EMG of the lumbar spine and right lower extremity: Overturned

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 EMGs (electromyography).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: According to the 03/31/14 report by [REDACTED], the patient complains of pain in the lumbosacral area, which radiates to the right buttock, right thigh and the right leg. He also complains of numbness in the right leg. The request is for an EMG of the lumbar spine and right lower extremity. There were no previous EMG studies conducted. ACOEM Guidelines page 303 states, Electromyography including H-reflex test may be useful to identify subtle focal neurologic dysfunctions in patients with low back symptoms lasting more than 3 or 4 weeks. This patient has mentioned persistent low back pain in every progress report since 01/14/14, lasting more than 3 to 4 weeks. An EMG may help uncover focal neurologic deficit. Given the above, the request is medically necessary.

NCV of the lumbar spine and 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)- Low Back (updated 03/18/14) Nerve conduction studies.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG guidelines have the following regarding NCV studies: Not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. (Utah, 2006) This systematic review and meta-analysis demonstrate that neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy. (Al Nezari, 2013) See also the Carpal Tunnel Syndrome Chapter for more details on NCS. Studies have not shown portable nerve conduction devices to be effective. EMGs (electromyography) are recommended as an option (needle, not surface) to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious.

Decision rationale: According to the 03/31/14 report by [REDACTED], the patient complains of pain in the lumbosacral area, which radiates to the right buttock, right thigh and the right leg. He also complains of numbness in the right leg. The request is for a NCV of the lumbar spine and right lower extremity. There were no previous NCV studies conducted. MTUS and ACOEM guidelines do not discuss NCV. However, ODG guidelines have the following regarding NCV studies: Not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. (Utah, 2006). This systematic review and meta-analysis demonstrate that neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy (Al Nezari, 2013). NCV studies are not recommended per ODG guidelines. Given the above the request is not medically necessary.

Pain management consult: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004 page 127- Referrals or consultations.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM Practice Guidelines, 2nd Edition (2004), Ch:7 page 127.

Decision rationale: According to the 03/31/14 report by [REDACTED], the patient complains of pain in the lumbosacral area, which radiates to the right buttock, right thigh and the right leg. He also complains of numbness in the right leg. The request is for a pain management consult. ACOEM Practice Guidelines page 127 has the following: The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional

expertise. ACOEM guidelines further states, referral to a specialist is recommended to aid in complex issues. Given the above, the request is medically necessary.