

Case Number:	CM14-0061142		
Date Assigned:	07/11/2014	Date of Injury:	08/23/2011
Decision Date:	09/16/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	05/02/2014

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 and Pain Medicine and is licensed to practice in Florida. 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 50-year-old male with a reported date of injury on 08/23/2011. The mechanism of injury was a repetitive use injury. The injured worker was diagnosed with chronic low back pain and brachial neuritis unspecified. Prior treatments included physical therapy, epidural steroid injections to the cervical spine, and cervical spine medial branch blocks. Diagnostic studies included an MRI of the cervical spine performed on 08/31/2011, electrodiagnostic studies of the upper extremities performed on 02/03/2012, an MRI of the cervical spine was repeated in 11/2012 and again on 10/23/2013. An MRI of the lumbar spine was performed on 12/18/2012 which revealed facet hypertrophy and ligamentum flavum hypertrophy, disc osteophyte complex causing moderate central canal stenosis and bilateral neuroforaminal narrowing at L2-3 and L3-4, moderate facet hypertrophy, disc osteophyte complex causing severe bilateral neuroforaminal narrowing at L4-5 and a 2 mm bulging disc, severe bilateral neuroforaminal narrowing, and moderate facet hypertrophy at L5-S1. Surgical history included a C5-6 and C6-7 anterior cervical discectomy and fusion on 07/26/2012. The clinical documentation dated 01/15/2014 noted the injured worker reported daily intermittent stiffness and aching to the lower back with numbness to the lateral aspect of the right distal thigh and pain on the lateral aspect of the right thigh. The injured worker had increased lower back pain with lumbar extension. The physician indicated right and left knee and ankle jerk were 2+ and equal bilaterally, and the injured worker had diminished sensation over the anterolateral aspect of the right distal thigh just proximal to the patella and normal sensation in all other dermatomes of the right and left lower extremities. The clinical documentation dated 04/11/2014 indicated the injured worker had lower back stiffness accompanied by right upper/outside of the leg numbness. Range of motion to the lumbar spine was decreased with flexion and extension. The physician indicated reflexes were symmetric. The provider indicated the injured worker

reported numbness over the lateral femoral area. The injured worker reported 3-4/10 pain. The injured worker's medication regimen included Percocet. The physician's treatment plan included recommendations for physical therapy and electrodiagnostic studies of the lower extremities. The physician recommended electrodiagnostic studies of the lower extremities for detection of radiculopathy to the lower extremities. The Request for Authorization form was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) to evaluate for lumbar radiculopathy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, and Table 12-8.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305 & 308-310.

Decision rationale: The request for Electromyography (EMG) to evaluate for lumbar radiculopathy is not medically necessary. The California MTUS/ACOEM guidelines state electromyography (EMG), including H reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. EMG for clinically obvious radiculopathy and surface EMG and F-wave tests are not recommended. Per the provided documentation the physician indicated the injured worker has decreased sensation over the anterolateral aspect of the right distal thigh proximal to the patella with normal sensation in all other dermatomes and reflexes are normal. Per the provided documentation an MRI of the lumbar spine was performed in 2012; however, the official report was not provided within the medical records. There is a lack of documentation indicating the injured worker has any signs and symptoms of radiculopathy to the left lower extremity. It appears there are specific findings indicative of neurologic deficit in a specific dermatome to the right lower extremity. Given the findings in a specific dermatomal pattern to the right lower extremity, electrodiagnostic study would not be indicated for the right lower extremity. The submitted request did not indicate whether the electrodiagnostic study was to be performed to the right, left, or bilateral lower extremities. As such, the request for Electromyography (EMG) to evaluate for lumbar radiculopathy is not medically necessary.

Nerve Conduction Velocity (NCV) to evaluate for lumbar radiculopathy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, and Table 12-8.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low back, Nerve conduction studies (NCS).

Decision rationale: The request for Nerve Conduction Velocity (NCV) to evaluate for lumbar radiculopathy is not medically necessary. The Official Disability Guidelines note, the use of NCV in the lower extremities is not recommended, as there is minimal justification for

performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Per the provided documentation the physician indicated the injured worker has normal reflexes to the bilateral lower extremities and diminished sensation over the anterolateral aspect of the right distal thigh, just proximal to the patella, with normal sensation in all other dermatomes. Given that the injured worker has findings indicative of radiculopathy to the right lower extremity, a nerve conduction study would not be indicated. The submitted request does not indicate whether the NCV is to be performed to the left, right, or bilateral lower extremities. As such, the request for Nerve Conduction Velocity (NCV) to evaluate for lumbar radiculopathy is not medically necessary.