

Case Number:	CM14-0068790		
Date Assigned:	07/14/2014	Date of Injury:	08/01/2010
Decision Date:	09/16/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/13/2014

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, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 33-year-old female who has submitted a claim for chronic painful thoracolumbar degenerative disc disease status post combined anterior-posterior L5-S1 fusion associated with an industrial injury date of 08/01/2010. Medical records from 07/18/2013 to 07/14/2014 were reviewed and showed that patient complained of low back pain graded 5-9/10 with numbness of the lower extremities. Physical examination revealed decreased lumbar spine ROM and pain across L3-S3, band pattern. DTRs of the lower extremities were intact. Sensation to light touch of the lower extremities was intact. SLR test was negative. EMG/NCV of the lower extremities dated 07/03/2014 was unremarkable. X-ray of the lumbar spine dated 08/05/2013 showed good placement of the hardware, pedicle screw fixation at L5-S1 with anterior cage without any significant evidence of instability. Treatment to date has included anterior-posterior L5-S1 fusion with an interbody cage (01/08/2013), physical therapy, aquatic therapy, and topical and oral pain medications. Utilization review dated 05/01/2014 denied the request for EMG/NCV bilateral lower extremities because there was lack of significant objective findings to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG NCV 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, section 722.1; subsection under EMG/NCV.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back chapter, Nerve conduction studies (NCS) Other Medical Treatment Guideline or Medical Evidence: Nerve Conduction Studies in Polyneuropathy: Practical Physiology and Patterns of Abnormality, Acta Neurol Belg 2006 Jun; 106 (2): 73-81.

Decision rationale: According to page 303 of CA MTUS ACOEM Low Back Chapter, the guidelines support the use of electromyography (EMG) to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. The CA MTUS does not address NCS specifically. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Low Back Chapter, Nerve Conduction Studies (NCS) was used instead. The Official Disability Guidelines state that there is minimal justification for performing nerve conduction studies when the patient is presumed to have symptoms on the basis of radiculopathy. A published study entitled, "Nerve Conduction Studies in Polyneuropathy", cited that NCS is an essential part of the work-up of peripheral neuropathies. Many neuropathic syndromes can be suspected on clinical grounds, but optimal use of nerve conduction study techniques allows diagnostic classification and is therefore crucial to understanding and separation of neuropathies. In this case, the patient complained of low back pain radiating down bilateral lower extremities. Physical examination findings revealed negative SLR (Straight Leg Raises) test and intact DTR (Deep Tendon Reflex) and sensation of bilateral lower extremities. The patient presented with symptoms of neuropathy to support NCS study. However, the patient's clinical manifestations were not consistent with a focal neurologic deficit to warrant EMG study. The necessity for EMG/NCV study of bilateral lower extremities cannot be established. Of note, EMG/NCV of bilateral lower extremities was done on 07/03/2014 with unremarkable results. Therefore, the request for EMG NCV Bilateral Lower Extremities is not medically necessary.