

Case Number:	CM14-0079330		
Date Assigned:	07/18/2014	Date of Injury:	07/17/2002
Decision Date:	09/08/2014	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	05/29/2014

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 56-year-old male with a date of injury of 07/17/2002. The listed diagnoses are acute and chronic left L5 radiculopathy; bilateral trochanteric bursitis; axial low back pain; lumbar spondylosis without myelopathy; and lumbar facet pain at the level L4-L5. According to the progress report dated 04/23/2014, the patient presents with low back, right shoulder, and upper back pain. The treating physician reports since injury, the patient has had multiple surgical interventions including a repair of his rotator cuff and L5-S1 anterior total disk arthroplasty in 2012. Patient states over the past 2 to 3 months, he has had a significant increase in pain in the lower back with referred pain down the hips, into the buttocks, and right lower limb. Examination of the lumbar spine revealed range of motion is limited by 50% in forward flexion and extension only. Right and left lateral rotation is decreased by 50%. There is decreased sensation to light touch in the left lower limb in the medial and lateral aspect of the calf and thigh. There is positive pain with palpation of the trochanteric bursas on the right and left side. The treating physician states last EMG/NCV was performed in 2004 prior to 2012 surgery. The results showed left L5-S1 radicular findings. Utilization review denied the request on 05/12/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Lower Limb electromyography (EMG): 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), Pain Chapter.

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)ODG guidelines has the following regarding Electrodiagnostic Studies.

Decision rationale: This patient presents with low back pain that has been worsening in the last couple of months. He has a distribution of pain that goes into the bilateral groin area down hips into buttocks and into the right lower limb. The treater is requesting bilateral lower limb electrodiagnostic studies to rule out "An acute and chronic process, as the patient's pain has been significant and worsening in the last past 2 months." ACOEM Guidelines page 303 states, "Electromyography (EMG), including H-reflex test, may be useful to identify subtle, focal neurologic dysfunction in patients with low back pain symptoms lasting more than 3 or 4 weeks." ODG Guidelines has the following regarding EMG studies, "EMGs (electromyography) 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." In this case, radiculopathy is obvious as prior EMG showed left L5-S1 radicular findings and the patient has a diagnosis of lumbar radiculopathy. A repeat EMG is not necessary simply based on worsening of the symptoms. There are no new symptoms, or new neurologic findings to warrant a repeat EMG for this injured worker. Therefore, the request for Bilateral lower limb electromyography (EMG) is not medically necessary and appropriate.

Bilateral Lower Limb Nerve Conduction Study (NCS): 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), Pain Chapter.

MAXIMUS guideline: The Expert Reviewer based his/her decision on the Non-MTUS Official Disability Guidelines (ODG).

Decision rationale: The Official Disability Guidelines (ODG) has 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)" In regard to NCV studies, ODG guidelines states, Nerve conduction studies (NCS) are not recommended for low back conditions. It further states, "In the management of spine trauma with radicular symptoms, EMG/nerve conduction studies (NCS) often have low combined sensitivity and specificity in confirming root injury, and there is limited evidence to support the use of often uncomfortable and costly EMG/NCS." Therefore, the request for bilateral lower limb Nerve Conduction Study (NCS) is not medically necessary and appropriate.