

Case Number:	CM14-0082089		
Date Assigned:	07/21/2014	Date of Injury:	10/24/2007
Decision Date:	09/18/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/03/2014

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 Georgia. 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 63-year-old male who has submitted a claim for lumbar spine sprain/strain and bilateral lower extremity radiculopathy associated with an industrial injury date of October 24, 2007. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of low back pain. Examination of the lumbar spine demonstrated normal gait, absence of muscle spasms, a straight spine and a leveled pelvis. Percussion over the lumbar spine elicited pain at L4-5 and L5-S1. Heel/toe walking was intact. Straight leg raise test was negative in the supine position bilaterally. There was note of decreased sensation at L5 bilaterally. Motor strengths of bilateral lower extremities were equal and strong. Range of motion of the right hip was decreased by 5 degrees. Range of motion of the right knee was normal. Treatment to date has included analgesics and muscle relaxants. Utilization review from May 22, 2014 denied the request for EMG/NCV of BLE because the documentation submitted did not provide evidence of significant neurologic dysfunction to support the need for electromyography.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG of BLE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

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

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. In this case, patient complained of low back pain corroborated by dysesthesia at L5 dermatome bilaterally. Motor strength of bilateral lower extremities and straight leg raise test were unremarkable. Clinical manifestations are not consistent with focal neurologic deficit; hence, EMG is not medically necessary. There is no clear indication for electrodiagnostic testing at this time. Therefore, the request for EMG for BLE is not medically necessary.

NCV of BLE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

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 , Nerve Conduction Studies; Nerve Conduction Studies in Polyneuropathy: Practical Physiology and Patterns of Abnormality, Acta Neurol Belg 2006 Jun; 106 (2): 73-81.

Decision rationale: 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, patient complained of low back pain corroborated by dysesthesia at L5 dermatome bilaterally. Motor strength of bilateral lower extremities and straight leg raise test were unremarkable. There is insufficient evidence of peripheral neuropathy to warrant NCV. Therefore, NCV of BLE is not medically necessary and appropriate.