

Case Number:	CM14-0082398		
Date Assigned:	07/21/2014	Date of Injury:	10/09/2013
Decision Date:	09/08/2014	UR Denial Date:	05/28/2014
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 Physical Medicine & Rehabilitation, Pain Medicine and is licensed to practice in Texas & Oklahoma. 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 40-year-old female who reported injury on 10/09/2013, due to a fall while at work. The injured worker had diagnoses of lumbar spine/strain, lumbar radiculopathy involving the right lower extremity, right ankle sprain/strain and cervical sprain/strain. The injured worker has undergone physical therapy, medication therapy, and also had epidural steroid injections. Medications include naproxen and tramadol. There was no duration, dosage or frequency documented in the submitted report. Images of the right ankle showed normal bony architecture and normal joint alignment. The reviews of the lumbar spine revealed no loss of curvature and normal disc height. The injured worker complained of low back pain that radiated down her right leg. The injured worker also stated that she had right ankle pain, she described the pain as constant. There was no measurable levels of pain documented in the submitted report. Physical examination dated 05/13/2014 revealed that the injured worker's right leg had tingling, burning sensation that extended down her right leg. It was noted that the injured worker had no cross over straight leg raise. Examination of the right ankle/foot revealed that the injured worker had altered sensation and pain to palpation along the medial aspect of her right ankle at the medial malleolus region. She especially had pain with eversion upon the medial aspect. There was no swelling. The injured worker had a negative anterior drawer test, although she did have pain along the medial joint line surface and her ankle did not appear to be unstable. Range of motion of the right ankle revealed a dorsiflexion of 15 degrees, plantar flexion of 50 degrees, eversion of 20 degrees, and an inversion of 35 degrees all within normal limits. There was a 2+ posterior tibial pulses. Examination of the lower extremity reflexes revealed a knee jerk and ankle jerk, 2+ bilaterally. Examination also revealed that the injured worker had a hip flexion, hip extension, hip abduction, hip adduction, knee extension, knee flexion, ankle dorsiflexion, ankle plantar flexion, ankle abduction, and extensor hallucis longus of 5 out of 5 bilaterally. The

treatment plan is for the injured worker to undergo NCS/EMG of the right lower extremity. The rationale and Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG to right lower extremity.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: The request for EMG to right lower extremity is not medically necessary. The injured worker complained of low back pain that radiated down her right leg. The injured worker also stated that she had right ankle pain, she described the pain as constant. There was no measurable levels of pain documented in the submitted report. ACOEM states that electromyography (EMG), including H reflex tests, and may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. There should be documentation of 3 to 4 weeks of conservative care and observation. The submitted report showed that the most recent evaluation of the injured worker was dated 05/13/2014. Guidelines recommend documentation of 3 to 4 weeks of conservative care and observation. Failure of recent conservative care rendered was not demonstrated in the submitted report. The submitted report indicated that the injured worker had received physical therapy, but there was no quantified evidence of the outcome of such physical therapy. Additionally, there were no documented neurological deficits in the right lower extremity. As such, the request for EMG of the right lower extremity is not medically necessary.

NCS to the right lower extremity.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: The request for NCS of right lower extremity is not medically necessary. The injured worker complained of low back pain that radiated down her right leg. The injured worker also stated that she had right ankle pain, she described the pain as constant. There was no measurable levels of pain documented in the submitted report. ODG guidelines do not recommend NCS as there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. There is no documentation of peripheral neuropathy condition that exists in the bilateral lower extremities. There is no documentation specifically indicating the necessity for both an EMG and NCV. 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. The submitted report lacked documented evidence showing that there were objective functional deficit findings to necessitate an additional diagnostic study of an NCV. Failure of recent conservative care rendered also was not demonstrated in the submitted report. Additionally, there were no documented neurological deficits in the right lower extremity of the injured worker. As it is not recommended per the Official Disability Guidelines, the request for a nerve conduction study of the right lower extremity is not medically necessary.