

Case Number:	CM14-0083046		
Date Assigned:	07/21/2014	Date of Injury:	04/17/2009
Decision Date:	12/24/2014	UR Denial Date:	05/14/2014
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 Occupational Medicine 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 claimant injured her low back on 04/17/09 when she went to sit on a chair and it moved and she fell onto her low back and left buttock. Nerve conduction studies of both lower extremities are under review. EMGs were ordered and were approved. She has had medications and epidural injections. She had MRIs of the lumbar spine on several occasions and also a CT myelogram of the lumbar spine on 06/21/13 that showed transitional vertebrae. There is no evidence of fracture and no arachnoiditis. A discogram was abnormal. The MRI dated 11/04/12 showed transitional anatomy with progression of degenerative disc disease at L3-4 with a 3 mm left foraminal disc protrusion abutting and mildly displacing the exiting left L3 nerve root. EMG nerve conduction studies were ordered to assess her for lumbar motor radiculopathy. She had an orthopedic spine surgery consultation on 12/04/13. She had decreased sensation bilaterally at L4 and L5. Reflexes were symmetric. She also had mild weakness at L4 and L5. She had positive bilateral straight leg raise and femoral stretch tests. She was diagnosed with painful degenerative disc disease at L3-4 and L4-5. Fusion surgery was recommended. She had a neurological consultation on 03/24/14. She had chronic refractory low back and left buttock pain with intermittent radiating pain down the left leg. She had paresthesias and numbness into the left greater than right legs and right sided knee pain. She had never had an EMG. She was in mild distress with a slow and antalgic gait with a limp favoring the left leg. She had somewhat diffuse tenderness over the lower lumbar region extending into left more than the right SI and coccyx regions. Straight leg raising maneuver was equivocal. She had patchy decreased pinprick and soft touch sensation not in a single dermatome. Reflexes were 2+ at both knees and trace at both ankles. Motor strength testing was difficult because of pain and give-way weakness. EMG/nerve conduction studies were recommended for both lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCS right lower extremity: 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) low back, Electrodiagnostic studies (EDS)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Nerve Conduction Studies

Decision rationale: The history and documentation do not objectively support the request for NCV of the right lower extremity at this time. The MTUS state regarding Special Studies, "unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computer tomography [CT] for bony structures). 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. Table 12-8 states "needle EMG and H-reflex tests to clarify nerve root dysfunction are recommended; EMG in cases of clinically obvious radiculopathy are not recommended." The MTUS do not specifically address the use of NCV under these circumstances. The ODG state "NCV are not recommended. 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 evidence that peripheral nerve dysfunction is being evaluated. The claimant has had multiple imaging studies and it is not clear how the results of this type of test would be likely to change her future course of treatment. The medical necessity of this request for nerve conduction studies of the right lower extremity has not been clearly demonstrated. The request is not medically necessary.

NCS left lower extremity: 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) low back, Electrodiagnostic studies (EDS)

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

Decision rationale: The history and documentation do not objectively support the request for NCV of the left lower extremity at this time. The MTUS state regarding Special Studies, "unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computer tomography [CT] for bony structures). 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. Table 12-8 states "needle EMG and H-reflex tests to clarify nerve root dysfunction are recommended; EMG in cases of clinically obvious radiculopathy are not recommended." The MTUS do not specifically address the use of NCV under these circumstances. The ODG state "NCV are not recommended. 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 evidence that peripheral nerve dysfunction is being evaluated. The claimant has had multiple imaging studies and it is not clear how the results of this type of test would be likely to change her future course of treatment. The medical necessity of this request for nerve conduction studies of the left lower extremity has not been clearly demonstrated. The request is not medically necessary.