

Case Number:	CM14-0084687		
Date Assigned:	07/21/2014	Date of Injury:	06/26/2012
Decision Date:	08/27/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	06/06/2014

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 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 injured worker is a 32-year-old female with a reported date of injury on 06/28/2012. The mechanism of injury was due to a slip and fall. Her diagnoses were noted to include; pain in the ankle/foot joint and lumbar region sprain/strain. Her previous treatments were noted to include surgery, physical therapy, and medications. An MRI of the lumbar spine performed 02/13/2014 revealed disc dessication at L4-L5 and L5-S1, otherwise a negative MRI of the lumbar spine. The progress note dated 02/18/2014 revealed the injured worker complained of right ankle and lower back pain. The injured worker indicated since she had the procedure her pain had decreased, however she continued to experience pain with weight bearing and going up the stairs. The injured worker complained of low back pain that radiated down her right lower extremity along with numbness and tingling that extended to her right foot. The physical examination of the lumbar spine revealed sensation was decreased in the dermatome, right L2, right L3, right L4, right L5, right S1. The motor strength examination was rated 3 to 4 out of 5 on the right side. The request for authorization form dated 02/20/2014 was for an electromyography of the bilateral lower extremities to rule out radiculopathy. The Request for Authorization form was not submitted within the medical records for the nerve conduction studies of the bilateral lower extremities, and the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyogram of the Bilateral Lower Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: The request for an electromyogram of the bilateral lower extremities is not medically necessary. The injured worker has motor strength weakness rated 3 to 4 out of 5 on the right lower extremity and decreased sensation in the right L2, L3, L4, L5 and S1 dermatomes. The California MTUS/ACOEM Guidelines recommend an electromyography including H reflex test and they may be used to identify subtle focal neurological dysfunction in patients with low back symptoms for more than 3 to 4 weeks. The ACOEM guidelines state that electromyography can be used to identify and define low back pathology in regards to disc protrusion, cauda equina syndrome, spinal stenosis and post laminectomy syndrome. There is a lack of clinical findings with extensive radiculopathy examination with regards to a straight leg raise and decreased reflexes. There is lack of documentation regarding tenderness to a specific dermatome. Therefore, the request is not medically necessary.

Nerve Conduction Studies of the Bilateral Lower Extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, Nerve Conduction Studies.

Decision rationale: The request for a nerve conduction study of the bilateral lower extremities is not medically necessary. The injured worker has decreased motor strength and decreased sensation in the right L2, L3, L4, L5, and S1 dermatomes. The Official Disability Guidelines do not recommend nerve conduction studies. There is minimal justification performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. The systematic review and meta-analysis demonstrate that neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy. In the management of spine trauma with radicular symptoms, EMG/nerve conduction studies often have low compliance sensitivity and specificity in confirming root injury and there is limited evidence to support the use of often uncomfortable and costly EMG/NCS. The clinical findings did not include an extensive radiculopathy examination with regards to tenderness to palpation of specific dermatomes and a straight leg raise testing. The guidelines do not recommend nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Therefore, the request is not medically necessary.