

Case Number:	CM14-0085627		
Date Assigned:	07/23/2014	Date of Injury:	11/02/2009
Decision Date:	09/23/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	06/09/2014

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 and Pain 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 injured worker is a 65-year-old male who reported an injury on 11/02/2009; the mechanism of injury was not provided. Diagnoses included lumbar spine herniated nucleus pulposus with radiculopathy and bilateral carpal tunnel syndrome. Past treatments included lumbar epidural steroid injections, trigger point injections, home exercise program, and medications. Diagnostic studies included two MRIs of the lumbar spine, the most recent on 01/16/2013, unofficial, which revealed disc protrusions through the lumbar spine and posterolisthesis at L2-3. Surgical history included cervical discectomy and fusion at C3-4, C4-5, and C5-6 on 04/16/2011, right shoulder rotator cuff repair in 09/2011, and bilateral carpal tunnel release. The clinical note dated 03/19/2014 indicated the injured worker complained of debilitating pain to the low back radiating down the right posterior thigh. Physical exam of the lumbar spine revealed a positive straight leg raise bilaterally, decreased sensation in the L5-S1 distribution, and decreased deep tendon reflexes. Current medications included Norco 10/325 mg, Soma 350 mg, Motrin, and Prilosec 20 mg. The treatment plan was for EMG/NCV of the bilateral lower extremities; the rationale for treatment was not provided. The request for authorization form was not submitted within the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG left lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines - Low back (updated 05/12/2014) Nerve conduction studies.

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

Decision rationale: The California MTUS/ACOEM Guidelines indicate electromyography (EMG) may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks, but is not recommended for clinically obvious radiculopathy. The injured worker had diagnoses and physical exam findings of lumbar radiculopathy, including bilateral positive straight leg raise, decreased sensation in the L5-S1 distribution, and decreased bilateral lower extremity deep tendon reflexes. As electromyography is not recommended for clinically obvious radiculopathy, and the injured worker has obvious findings upon physical examination indicative of neurologic deficit, an EMG of the left lower extremity would not be indicated. As such, the request for EMG of the left lower extremity is not medically necessary.

EMG of right lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines - Low back (updated 05/12/2014) Nerve conduction studies.

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

Decision rationale: The California MTUS/ACOEM Guidelines indicate electromyography (EMG) may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks, but is not recommended for clinically obvious radiculopathy. The injured worker had diagnoses and physical exam findings of lumbar radiculopathy, including bilateral positive straight leg raise, decreased sensation in the L5-S1 distribution, and decreased bilateral lower extremity deep tendon reflexes. As electromyography is not recommended for clinically obvious radiculopathy, and the injured worker has obvious findings upon physical examination indicative of neurologic deficit, an EMG of the left lower extremity would not be indicated. As such, the request for EMG of the right lower extremity is not medically necessary.

NCV of right lower extremity:

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Low Back (updated 05/12/2014) Nerve Conduction Studies.

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 (NCS).

Decision rationale: The Official Disability Guidelines indicate that nerve conduction studies are not recommended, and there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. The injured worker had diagnoses and physical exam findings of lumbar radiculopathy, including bilateral positive straight leg raise, decreased sensation in the L5-S1 distribution, and decreased bilateral lower extremity deep tendon reflexes. As the testing is being requested on the basis of radiculopathy and the guidelines do not recommend performing an NCV on the basis of radiculopathy, an NCV would not be indicated. As such, the request for NCV of the right lower extremity is not medically necessary.

NCV 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 - Low Back - Nerve Conduction Studies.

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 (NCS).

Decision rationale: The Official Disability Guidelines indicate that nerve conduction studies are not recommended, and there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. The injured worker has a diagnosis and physical exam findings indicative of lumbar radiculopathy, including bilateral positive straight leg raise, decreased sensation in the L5-S1 distribution, and decreased bilateral lower extremity deep tendon reflexes. As the testing is being requested on the basis of radiculopathy and the guidelines do not recommend performing an NCV on the basis of radiculopathy, an NCV would not be indicated. As such, the request for NCV of the left lower extremity is not medically necessary.