

Case Number:	CM14-0092465		
Date Assigned:	07/25/2014	Date of Injury:	11/13/1980
Decision Date:	08/28/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	06/16/2014

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, has a subspecialty in 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 61-year-old male who sustained an industrial injury on November 13, 1980. The mechanism of injury occurred during lifting, and the patient has chronic low back pain, lumbar degenerative disease, and underwent a laminectomy and fusion from L3 to S1 on February 24, 2004. The patient then had subsequent removal of a retained pedicle screw fixation system with posterior lateral fusion bone graft and excision of an epidural cirrhosis on October 7, 2011. A utilization review determination had determined the request as not medically necessary for electrodiagnostic studies of the bilateral lower extremities, citing that there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG of the bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation, online edition, Chapter: Low Back - Lumbar and Thoracic.

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

Decision rationale: With regard to EMG/NCS of the lower extremities to evaluate for lumbar radiculopathy, Section 9792.23.5 of the California Code of Regulations, Title 8, page 6 adopts ACOEM Practice Guidelines Chapter 12. ACOEM Chapter 12 on page 303 states: 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. The update to ACOEM Chapter 12 Low Back Disorders on pages 60-61 further states: The nerve conduction studies are usually normal in radiculopathy (except for motor nerve amplitude loss in muscles innervated by the involved nerve root in more severe radiculopathy and H-wave studies for unilateral S1 radiculopathy). Nerve conduction studies rule out other causes for lower limb symptoms (generalized peripheral neuropathy, peroneal compression neuropathy at the proximal fibular, etc.) that can mimic sciatica. The request for electrodiagnostic studies of the lower extremity was made in a progress note on April 14, 2014. The note is handwritten and some parts are difficult to decipher. The patient is noted to have recent radiation of pain into the right calf with weakness. A physical examination documents that a midline incision is well healed and nontender. There is weakness of the right quad angry tone extensor. A previous note on February 24, 2014 indicates that the patient at this time had already had the onset of numbness and tingling in the left lower extremity. Physical examination at that time revealed no sensory deficits and slight generalized weakness of the right lower extremity. Deep tendon reflexes were noted to be absent at the ankles whereas on the right it was rated 1+. The submitted documentation does not include either the original report or a discussion of previous electrodiagnostic studies. Without these results, it is impossible to determine whether the patient's new symptoms can be correlated to previously discovered pathology. Therefore, this request is not medically necessary without a discussion of prior electrodiagnostic study results.

NCV Study of the bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation, online edition, Chapter: Low Back - Lumbar and Thoracic.

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

Decision rationale: With regard to EMG/NCS of the lower extremities to evaluate for lumbar radiculopathy, Section 9792.23.5 of the California Code of Regulations, Title 8, page 6 adopts ACOEM Practice Guidelines Chapter 12. ACOEM Chapter 12 on page 303 states: 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. The update to ACOEM Chapter 12 Low Back Disorders on pages 60-61 further states: The nerve conduction studies are usually normal in radiculopathy (except for motor nerve amplitude loss in muscles innervated by the involved nerve root in more severe radiculopathy and H-wave studies for unilateral S1 radiculopathy). Nerve conduction studies rule out other causes for lower limb symptoms (generalized peripheral neuropathy, peroneal compression neuropathy at the proximal fibular, etc.) that can mimic sciatica. The request for electrodiagnostic studies of the lower extremity was made in a progress note on April 14, 2014. The note is handwritten and some parts are difficult to decipher. The patient is noted to have recent radiation

of pain into the right calf with weakness. Physical examination documents that a midline incision is well healed and nontender. There is weakness of the right quad angry tone extensor. A previous note on February 24, 2014 indicates that the patient at this time had already had the onset of numbness and tingling in the left lower extremity. Physical examination at that time revealed no sensory deficits and slight generalized weakness of the right lower extremity. Deep tendon reflexes were noted to be absent at the ankles whereas on the right it was rated 1+. The submitted documentation does not include either the original report or a discussion of previous electrodiagnostic studies. Without these results, it is impossible to determine whether the patient's new symptoms can be correlated to previously discovered pathology. Therefore, this request is not medically necessary without a discussion of prior electrodiagnostic study results.