

Case Number:	CM14-0097369		
Date Assigned:	07/28/2014	Date of Injury:	07/20/2008
Decision Date:	09/09/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	06/25/2014

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 Texas and Ohio. 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 52-year-old male who reported an injury on 07/20/2008 due to a slip; however, the injured worker did not fall but twisted his lower back. The injured worker's past treatments were range of motion muscle test, medications, TENS unit, physical therapy, epidural steroid injections, trigger point injections, and TENS unit. The injured worker's diagnostics included an MRI of the lumbar spine dated 01/07/2014, which revealed at L4-5, there was a loss of normal nucleus pulposus signal intensity and a 3 mm posterior disc bulge without central or lateral spinal stenosis. There was a moderate bilateral facet hypertrophy without central or lateral spinal stenosis. There were no prior surgeries submitted with documentation for review. The injured worker complained of lumbar pain which was rated at an 8/10, characteristics of being achy and sharp. On physical examination on 03/26/2014 examination findings are compatible with a specific injury may include significant muscle guarding or spasm. There was no significant radiculopathy but an imaging study demonstrated a herniated disc. The injured worker's functional change was improved, but slower than expected since the last clinical exam. The injured worker's medication was Percocet. The injured worker's treatment plan included an electromyography of the left lower extremity and a nerve conduction velocity of the left lower extremity. The rationale for the request was the injured worker has had chronic persistent pain despite many other interventions, including physical therapy, medication, and epidural steroid injection. The Request for Authorization form dated 06/10/2014 was submitted with documentation for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (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.

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

Decision rationale: According to the California MTUS/ACOEM, electromyography may be useful to identify a subtle focal neurologic dysfunction in patients with low back pain lasting for more than 3 to 4 weeks despite conservative treatment. There was clinical documentation straight leg raising was positive more on the right than the left. There was pain during the toe to heel walk bilaterally. There was documentation that the Percocet helped with the pain, and the injured worker's functional change was improved. However, the clinical information provided failed to reveal any significant evidence of neurological deficits. There is also lack of information regarding recent conservative care. As such, the request for electromyography of the left lower extremity is not medically necessary.

Nerve Conduction Velocity (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.

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

Decision rationale: According to the Official Disability Guidelines, nerve conduction studies are not recommended. There is minimal justification for performing nerve conduction studies when an injured worker 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. The injured worker's prior treatment was physical therapy, but the injured worker's response was not provided. The injured worker had a positive straight leg raising test with no neurological deficits documented on the clinical medical records that were provided with review. As such, the request for NCV Left Lower Extremity is not medically necessary.