

Case Number:	CM14-0097454		
Date Assigned:	07/25/2014	Date of Injury:	12/18/2001
Decision Date:	08/29/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	06/23/2014

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 68 year old male with date of injury 12/18/2001. The mechanism of injury is unknown. The most recent progress notes dated 12/31/03 and 11/29/12 were reviewed. No other office notes were available for review. The injured worker has a history of two lumbar surgeries. He complains of low back pain. On exam, gait is antalgic. There is some spasm in the lumbar spine, but no impairment of range of motion. There is no impairment of sensation to suggest peripheral neuropathy or dermatomal involvement. Motor strength was normal.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Electrodiagnostics Studies of the Bilateral Lower Extremities: 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 Lumbar & Thoracic (Acute and Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: Per the ACOEM guidelines, Electrodiagnostic studies which must include needle EMG is recommended where a CT or MRI is equivocal and there are ongoing pain complaints that raise questions about whether there may be a neurological compromise that may be identifiable (i.e., leg symptoms consistent with radiculopathy, spinal stenosis, peripheral

neuropathy, etc.). Indications are: Failure to resolve or plateau of suspected radicular pain without resolution after waiting 4 to 6 weeks (to provide for sufficient time to develop EMG abnormalities as well as time for conservative treatment to resolve the problems), equivocal imaging findings such as CT or MRI, and suspicion by history and physical examination that a neurologic condition other than radiculopathy may be present instead of or in addition to radiculopathy. In this case, there is no significant evidence of radicular symptoms such as pain, numbness or weakness in the lower extremities. In this case, there is no equivocal evidence in the imaging studies to warrant a confirmation by Electrodiagnostic studies. There is no documentation of trial of conservative management such as physical therapy or NSAIDs. Therefore, the request for Electrodiagnostics studies of the bilateral lower extremities is not medically necessary.

1Nerve Conduction w F-Wave Study and H-Reflex Gastroc/Soleus Muscle: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: Per ACOEM guidelines, Electrodiagnostic studies which must include needle EMG is recommended where a CT or MRI is equivocal and there are ongoing pain complaints that raise questions about whether there may be a neurological compromise that may be identifiable (i.e., leg symptoms consistent with radiculopathy, spinal stenosis, peripheral neuropathy, etc.). Indications are: Failure to resolve or plateau of suspected radicular pain without resolution after waiting 4 to 6 weeks (to provide for sufficient time to develop EMG abnormalities as well as time for conservative treatment to resolve the problems), equivocal imaging findings such as CT or MRI, and suspicion by history and physical examination that a neurologic condition other than radiculopathy may be present instead of or in addition to radiculopathy. In this case, there is no significant evidence of radicular symptoms such as pain, numbness or weakness in the lower extremities. There is no equivocal evidence in the imaging studies to warrant a confirmation by Electrodiagnostic studies. There is no documentation of trial of conservative management such as PT or NSAIDs. Therefore, for a nerve conduction with F-wave study and H-reflex gastroc/soleus musclis not medically necessary and appropriate.