

Case Number:	CM13-0067250		
Date Assigned:	03/03/2014	Date of Injury:	09/07/1998
Decision Date:	01/29/2015	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	12/17/2013

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 Rehab, has a subspecialty in Interventional Spine Pain Management 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 patient is a 69 year old male with an injury date of 09/07/98. Per the 11/22/13 progress report the patient presents with mild to intense daily back pain with tightness in the lower back with numbness and tingling in the bilateral legs. There is occasional sleep disturbance and depression due to chronic pain. He is not working. Examination shows the patient is overweight and has tenderness in the lower back upon palpation. The patient's diagnoses include: 1. Discogenic lumbar condition with a radicular component down the left, lower extremity 2. Element of sleep and stress 3. Weight gain of 50 pounds. The patient uses a back brace as needed. Medications are listed as Norco, Protonix, Flexeril, Remeron, LidoPro cream and Terocin patches. Prior treatment includes TENS and H-Wave. The utilization review being challenged is dated 12/05/13. The rationale is that information is insufficient as there is no neurological examination or assessment for objective changes. Reports were provided from 04/30/13 to 01/03/14.

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 extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: Low Back Disorders, Electromyography

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

Decision rationale: The patient presents with lower back pain with numbness and tingling in the bilateral legs. The provider requests for EMG of the bilateral lower extremity (sic) per multiple reports. The 12/05/13 utilization review states the request is dated 12/03/13. The RFA included is dated 11/25/13. ACOEM guidelines 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." On 05/28/13 the provider states lower extremity electrodiagnostic study is requested to assess for radiculopathy in addition to possible peripheral neuropathy. Apparently there was difficulty in the authorization of the request as it is repeated in several reports from 06/26/13 to 01/03/14. The 11/22/14 treatment plan states, "Previous request for EMG/NCV study in light of frequent numbness and tingling in the bilateral legs." There is no evidence of a prior EMG/NCV for this patient. This patient does present with low back pain. The listed diagnosis states there is a radicular component in the "left" lower extremity; however, on 11/22/13 the patient presents with symptoms in the bilateral lower extremities. The most recent report provided is dated 01/03/14 and it states, "He has pain in the leg with numbness and tingling and also provides a diagnosis of, "a radicular component down the left lower extremity." In this case, the request is for the "bilateral" lower extremity (sic) and no objective findings are provided for deficit in the bilateral legs. The request is not medically necessary.

NCS of the bilateral lower extremities: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: Low Back Disorders, Electromyography

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 chapter, Electrodiagnostic Studies.

Decision rationale: The patient presents with lower back pain with numbness and tingling in the bilateral legs. The provider requests for NCV of the bilateral lower extremities per multiple reports. The 12/05/13 utilization review states the request is dated 12/03/13. The RFA included is dated 11/25/13. ODG guidelines, EMG/NCS topic, state this testing is recommended depending on indications and EMG and NCS are separate studies and should not necessarily be done together. ODG further states "NCS is not recommended, but EMG is recommended as an option (needle, not surface) to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious." On 05/28/13 the provider states lower extremity electrodiagnostic study is requested to assess for radiculopathy in addition to possible peripheral neuropathy. Apparently there was difficulty in the authorization of the request as it is repeated in several reports from 06/26/13 to 01/03/14. The 11/22/14 treatment plan states, "Previous request for EMG/NCV study in light of frequent numbness and tingling in the bilateral legs." There is no evidence of a prior EMG/NCV

for this patient. The listed diagnosis states there is a radicular component in the "left" lower extremity; however, the patient presents with symptoms in the bilateral lower extremities on 11/22/13. The most recent report provided is dated 01/03/14 and it states, "He has pain in the leg with numbness and tingling." This report also provides a diagnosis of, "a radicular component down the left lower extremity." Given the provider's concern regarding possible peripheral neuropathy, NCV studies of the lower legs are reasonable. The request is medically necessary.