

Case Number:	CM14-0134200		
Date Assigned:	08/27/2014	Date of Injury:	10/11/2011
Decision Date:	01/27/2015	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	08/21/2014

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 Rehab, has a subspecialty in Interventional spine 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 51 year old male with an injury date on 10/11/2011. Based on the 07/15/2014 progress report provided by the treating physician, the diagnoses are: 1. Lumbar facet arthropathy 2. Lumbar radiculopathy 3. Insomnia 4. Morbid obesity 5. Chronic pain, other. According to this report, the patient complains of "low back pain. The pain radiates down the bilateral lower extremities." The patient's pain is accompanied with numbness and tingling frequently in the bilateral lower extremities to the level of the feet. Pain is rated at an 8/10 with medications and 9-10/10 without medications. The patient report pain has worsened since last visit. Physical exam of the lumbar spine reveals tenderness at the L4-S1 vertebra level. Range of motion is moderately limited. Deep tendon reflex of the Achilles tendon is decreased, bilaterally. Straight leg raise is positive at 60 degrees, bilaterally. MRI of the Lumbar spine on 10/28/2012 shows (1) diffuse disc protrusion at L3-L4, and L4-L5 with bilateral neural foraminal stenosis. Disc measurements: Neutral 3mm; and (2) diffuse disc bulge at L5-S1 with bilateral neural foraminal stenosis. Disc measurements: Neutral 4mm. The MRI report was not included in the file for review. The patient's treatments to date consist of lumbar epidural steroid injection with (50-80% improvement), opioid pain, and pain medications. Treatment plan is to request for home exercise program, UDS, refill medications, and EMG/NCV of the lower extremity. The utilization review denied the request for EMG/NCV of the bilateral lower extremity on 08/12/2014 based on the MTUS/ODG guidelines. The requesting physician provided treatment reports from 12/31/2013 to 07/15/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG left lower extremity: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter: Electrodiagnostic Studies.

Decision rationale: According to the 07/15/2014 report, this patient presents with low back pain. The pain radiates down the bilateral lower extremities. The current request is for EMG left lower extremity. Regarding electrodiagnostic studies of lower extremities, ACOEM page 303 support EMG and H-reflex tests to determine subtle, focal neurologic deficit. Review of reports do not show any evidence of EMG being done in the past. In this case, the treating physician has requested for an EMG of the left lower extremities and the guidelines support this request. The request is medically necessary.

NCV Left Lower Extremity: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 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) Low Back chapter: Nerve conduction studies

Decision rationale: According to the 07/15/2014 report, this patient presents with "low back pain. The pain radiates down the bilateral lower extremities." The current request is for NCV left lower extremity. Regarding Nerve conduction studies, ODG states, "Not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy." ODG for Electrodiagnostic studies (EDS) states, "NCS which are not recommended for low back conditions, and EMGs which are recommended as an option for low back." Review of reports does not show any evidence of NCS being done in the past. In this case, the treating physician documents that the patient has numbness and tingling to the feet and the Achilles reflexes is decreased, bilaterally. MRI of the lumbar spine indicates the patient has multilevel disc bulge and foraminal stenosis. The requested NCV study of the right lower extremity appears reasonable to differentiate radiculopathy vs. a peripheral neuropathy. The current request is medically necessary.

NCV Right Lower Extremity: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 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) Low Back chapter: Nerve conduction studies.

Decision rationale: According to the 07/15/2014 report, this patient presents with "low back pain. The pain radiates down the bilateral lower extremities." The current request is for NCV right lower extremity. Regarding Nerve conduction studies, ODG states, "Not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy." ODG for Electrodiagnostic studies (EDS) states, "NCS which are not recommended for low back conditions, and EMGs which are recommended as an option for low back." Review of reports does not show any evidence of NCS being done in the past. In this case, the treating physician documents that the patient has numbness and tingling to the feet and the Achilles reflexes is decreased, bilaterally. MRI of the lumbar spine indicates the patient has multilevel disc bulge and foraminal stenosis. Therefore, the requested NCV study of the right lower extremity appears reasonable to differentiate radiculopathy vs. a peripheral neuropathy. Therefore, the current request is medically necessary.

EMG right lower extremity: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter: Electrodiagnostic Studies.

Decision rationale: According to the 07/15/2014 report, this patient presents with "low back pain. The pain radiates down the bilateral lower extremities." The current request is for EMG right lower extremity. Regarding electrodiagnostic studies of lower extremities, ACOEM page 303 support EMG and H-reflex tests to determine subtle, focal neurologic deficit. Review of reports does not show any evidence of EMG being done in the past. In this case, the treating physician has requested for an EMG of the left lower extremities and the guidelines support this request. The request is medically necessary.