

Case Number:	CM14-0202845		
Date Assigned:	12/15/2014	Date of Injury:	09/15/2011
Decision Date:	02/10/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	12/04/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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 54 year old male with a work related injury dated 9/15/2011. He was pushing a cart with 5 buckets of chemicals and when he lifted one of the buckets weighing 45-50 pounds with his right hand, he twisted while transferring the bucket onto the pallet. He felt immediate pain to his lower back and right shoulder. He is currently on work restrictions. Pain center note dated 7/1/2014 indicated complaints of pain in the lower back described as sharp, stabbing, burning and constant. Pain radiated into the left buttock, lateral thigh, lateral calf and shin. Numbness is noted with paresthesia and weakness. Examination showed normal gait and paralumbar spasm with tenderness to palpation on the left, atrophy in the quadriceps with right resisted rotation. Range of motion of the spine is limited secondary to pain. Treatment includes Duexis, non-steroidal anti-inflammatory drugs and heat/ice. 7/30/2014 orthopedic note indicated physical therapy and medications were used. The injured worker complained of intermittent pain in right shoulder with use and low back pain and stiffness, radiating to the lower extremities with numbness, tingling and weakness. Medications included Temazepam. Norco and Zanaflex were added. Motor strength was intact, tenderness over shoulder joint and he had a normal gait. Tenderness over the lumbar paravertebral area and left sciatic notch were noted. Medical records indicate radiculopathy that radiates down the left leg and occasionally the right leg. A thorough neurologic exam showed decreased knee reflexes bilaterally and decreased sensation on the left lateral leg and bilateral quadriceps atrophy. Lumbar spine range of motion was diminished with pain and spasm. There was MRI (magnetic resonance imaging) evidence of degenerative disc disease. The Utilization Review dated 11/5/2014 non-certified EMG (electromyography) and NCS (nerve conduction studies) of bilateral lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG Right Lower Extremity: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Electrodiagnostic testing (EMG/NCS).

Decision rationale: ACOEM 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." ODG states in the Low Back Chapter, "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. Medical records indicate radiculopathy that radiates down the left leg and occasionally the right leg. A thorough neurologic exam showed decreased knee reflexes bilaterally and decreased sensation on the left lateral leg and bilateral quadriceps atrophy. An EMG would be indicated in this instance based on the treating physician's most recent progress report. As such, the request for EMG Right Lower Extremity is medically necessary.

EMG Left Lower Extremity: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Electrodiagnostic testing (EMG/NCS).

Decision rationale: ACOEM 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." ODG states in the Low Back Chapter, "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. Medical records indicate radiculopathy that radiates down the left leg and occasionally the right leg. A thorough neurologic exam showed decreased knee reflexes bilaterally and decreased sensation on the left lateral leg and bilateral quadriceps atrophy. An EMG would be indicated in this instance based on the treating physician's most recent progress report. As such, the request for EMG Left Lower Extremity is medically necessary.

NCS Left Lower Extremity: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Electrodiagnostic testing (EMG/NCS).

Decision rationale: ACOEM 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." ODG states in the Low Back Chapter, "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. Medical records indicate radiculopathy that radiates down the left leg and occasionally the right leg. A thorough neurologic exam showed decreased knee reflexes bilaterally and decreased sensation on the left lateral leg and bilateral quadriceps atrophy. An EMG would be indicated in this instance based on the treating physician's most recent progress report. However, a NCS is not recommended by ACOEM and ODG guidelines. As such, the request for NCS Left Lower Extremity is not medically necessary.

NCS Right Lower Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Electrodiagnostic testing (EMG/NCS).

Decision rationale: ACOEM 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." ODG states in the Low Back Chapter, "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. Medical records indicate radiculopathy that radiates down the left leg and occasionally the right leg. A thorough neurologic exam showed decreased knee reflexes bilaterally and decreased sensation on the left lateral leg and bilateral quadriceps atrophy. An EMG would be indicated in this instance based on the treating physician's most recent progress report. However, a NCS is not recommended by ACOEM and ODG guidelines. As such, the request for NCS Right Lower Extremity is not medically necessary.