

Case Number:	CM15-0005328		
Date Assigned:	01/16/2015	Date of Injury:	12/04/2013
Decision Date:	03/20/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	01/09/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 who reported an injury on 12/04/2013. The mechanism of injury was not provided. He is diagnosed with lumbar spinal stenosis and facet arthropathy. His past treatments were noted to include home exercise, chiropractic therapy, medications, and medial branch radiofrequency ablation at L4-5 and L5-S1. On 12/03/2014, the injured worker's symptoms were noted to include low back pain rated 4/10 to 6/10. He denied associated bladder/bowel dysfunction. It was noted that he had significantly benefitted from his recent radiofrequency ablation procedure. Physical examination revealed absent Achilles reflexes bilaterally, reduced sensation to light touch in the posterior aspect of the left thigh, and positive straight leg raising on the left. His motor strength was noted to be 5/5 in the bilateral lower extremities. The treatment plan included electromyography (EMG) and nerve conduction velocity (NCV) studies of the bilateral lower extremities, as it was noted that the injured worker continued to experience a sense of weakness in the lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Muscle Test 2 Limbs: Upheld

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, Electronic Diagnostic Studies

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, Nerve conduction studies (NCS).

Decision rationale: The request as submitted for "muscle test 2 limbs" is not specific. However, as the treatment plan was for EMG/NCV studies of the bilateral lower extremities, these will be reviewed for medical necessity. However, clarification will be needed regarding the request for "muscle test 2 limbs." According to the California MTUS/ACOEM Guidelines, electromyography may be recommended to identify subtle, focal neurologic dysfunction in patients with low back and radiating symptoms lasting more than 3 to 4 weeks despite conservative treatment. According to the Official Disability Guidelines, however, nerve conduction studies are not recommended for patients with presumed lumbar radiculopathy. The submitted documentation indicated that electrodiagnostic studies were recommended due to the sense of weakness in the lower extremities the injured worker was experiencing. However, on physical examination, the injured worker had normal motor strength at 5/5. While there were possible neurological deficits, as he had reduced sensation in the posterior aspect of the left thigh, positive left straight leg raise, and absence Achilles reflexes, it is unclear why additional testing is needed beyond the injured worker's previous MRI of the lumbar spine, which was noted to reveal significant findings. However, the MRI reported was not provided for review for correlation with physical examination findings. Furthermore, as the injured worker had normal motor strength, the subjective complaint of weakness would be an insufficient rationale for additional testing. Moreover, there was normal motor strength and sensation in the right lower extremity. Therefore, additional testing would not be appropriate in the right lower extremity. Furthermore, nerve conduction velocities would not be appropriate in either extremity, as the guidelines specifically state this testing is not recommended for presumed radiculopathy. For the reasons noted above and as the request as submitted was unclear, the request is not medically necessary.