MAXIMUS Federal Services

Case Number:	CM15-0138003		
Date Assigned:	07/27/2015	Date of Injury:	10/17/2002
Decision Date:	08/24/2015	UR Denial Date:	07/09/2015
Priority:	Standard	Application Received:	07/16/2015

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: Family Practice

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 who sustained an industrial injury to his left shoulder and lower back on 10/17/2002 when a heavy closet fell on top of him. The injured worker was diagnosed with lumbar sprain/strain, lumbar stenosis, lumbosacral neuritis and multi-level degenerative disc disease. Treatment to date has included diagnostic testing, cortisone injections to left shoulder, multiple lumbar epidural steroid injections, physical therapy, transcutaneous electrical nerve stimulation (TEN's) unit, lumbar brace and medications. According to the primary treating physician's progress report on June 25, 2015, the injured worker continues to experience lower back pain radiating to the posterior leg and mild left shoulder pain. The injured worker rates his low back pain level at 6-7/10. Evaluation noted an antalgic gait with decreased range of motion in all planes due to pain. There was tenderness to palpation throughout the lumbosacral and paraspinal muscles with spasm. Motor strength was decreased in the lower extremities due to pain and decreased effort. Sensation to light touch and pinprick was decreased without specific dermatomal distribution in the bilateral lower extremities. Straight leg raise was positive bilaterally. Current medications are listed as Gabapentin, Norco, Zolpidem and Prozac. Treatment plan consists of increasing Gabapentin, modified work restrictions and the current request for Electromyography (EMG)/Nerve Conduction Velocity (NCV) studies of the bilateral lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral lower extremities electromyography (EMG)/nerve conduction study (NCS): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation (ODG-TWC) Low Back Procedure Summary Online Version last updated 05/15/2015.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Low Back Complaints, Section: EMGs.

Decision rationale: The Official Disability Guidelines comment on the use of EMGs as part of a diagnostic assessment. These guidelines state the following: Recommended as an option (needle, not surface). EMGs (electromyography) may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. No correlation was found between intraoperative EMG findings and immediate postoperative pain, but intraoperative spinal cord monitoring is becoming more common and there may be benefit in surgery with major corrective anatomic intervention like fracture or scoliosis or fusion where there is significant stenosis. In this case, the medical records support the presence of a clinically obvious radiculopathy after 1-month of conservative therapy. Given that there are clinically obvious manifestations of radiculopathy, there is no medical justification for EMGs. Therefore, EMGs are not medically necessary. Further, there is a request for Nerve Conduction Studies. These same guidelines comment on the use of Nerve Conduction Studies. They state the following: Not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. This systematic review and meta-analysis demonstrate that neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy. In the management of spine trauma with radicular symptoms, EMG/nerve conduction studies (NCS) often have low combined sensitivity and specificity in confirming root injury, and there is limited evidence to support the use of often uncomfortable and costly EMG/NCS. Studies have not shown portable nerve conduction devices to be effective. EMGs (electromyography) are 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. In summary, given the clinically obvious radiculopathy; there is no justification for EMGs or NCS studies. Both are not medically necessary.