

Case Number:	CM15-0146850		
Date Assigned:	08/07/2015	Date of Injury:	04/16/2011
Decision Date:	09/11/2015	UR Denial Date:	07/10/2015
Priority:	Standard	Application Received:	07/28/2015

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 46 year old female, who sustained an industrial injury on 4-16-2011. She reported a trip and fall. The injured worker was diagnosed as having thoracic-lumbosacral neuritis, unspecified, spinal stenosis, lumbar region, with neurogenic claudication, and intervertebral disc disorder with myelopathy, lumbar region. Treatment to date has included diagnostics, physical therapy, and medications. Currently, the injured worker was due for a lumbar epidural steroid injection but reported a fall due to left quadriceps weakness and foot drop. A Medrol dose pack was prescribed and helped. Strength testing of the bilateral L4 distribution, quadriceps was 4 of 5 and tibialis anterior right was 4+ of 5. L1 and L2 nerve root strength was 5- of 5. L3 nerve root strength was 4- of 5. Deep tendon reflexes of the upper and lower extremities were symmetrical and graded 2 of 4, patellar 2 of 4 left and 0 of 4 right, Achilles symmetrical at 2 of 4, and toes were down going. Work status was permanent and stationary, per Qualified Medical Examination report (5-29-2015). The treatment plan included electromyogram and nerve conduction studies of the lumbar spine and lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 EMG/NCS of lumbar spine and lower extremities: Overturned

Claims Administrator 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, Lumbar & Thoracic (Acute & Chronic) - EMGs (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 - Lumbar & Thoracic (Acute & Chronic)' Chapter under Nerve conduction studies (NCS).

Decision rationale: The 46 year old patient presents with brachial neuritis, peripheral neuritis, spinal stenosis of the lumbar region, degeneration of intervertebral disc, and intervertebral disc disorder of the lumbar region with myelopathy, as per progress report dated 07/01/15. The request is for 1 EMG/NCS OF LUMBAR SPINE AND LOWER EXTREMITIES. The RFA for the case is dated 07/02/15, and the patient's date of injury is 04/16/11. Diagnoses, as per progress report dated 07/01/15, included thoracic/lumbosacral neuritis, spinal stenosis lumbar with neurogenic claudication, and intervertebral disc disease disorder with myelopathy. Medications included Medrol, Naproxen, Prilosec, Norco, Fexmid, Tramadol and Atenolol. As per QME report dated 05/29/15, the patient complains of cervical pain, rated at 4-5/10; lower back and right lower extremity pain, rated at 7/10; and right knee pain, rated at 4/10. The patient is temporarily totally disabled, as per progress report dated 07/01/15. ODG Guidelines, chapter 'Low Back - Lumbar & Thoracic (Acute & Chronic)' and topic 'Nerve conduction studies (NCS)', states that NCV studies are "Not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. (Utah, 2006) This systematic review and meta-analysis demonstrate that neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy." In this case, progress reports do not document prior EMG/NCV of the lower extremities. The patient suffers from lower back pain radiating to lower extremities, as per progress report dated 04/27/15. The Utilization Review denied the request as radiculopathy is clinically evident. While the treater does not discuss the purpose of electrodiagnostic studies, the patient may benefit from this testing as it can lead to accurate diagnosis and treatment. Given the patient's symptoms, the request appears reasonable and is medically necessary.