

Case Number:	CM15-0180512		
Date Assigned:	09/22/2015	Date of Injury:	05/12/2000
Decision Date:	11/03/2015	UR Denial Date:	08/29/2015
Priority:	Standard	Application Received:	09/14/2015

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:

This 47 year old female sustained an industrial injury on 5-12-00. Documentation indicated that the injured worker was receiving treatment for chronic low back and left leg pain. Previous treatment included physical therapy, acupuncture, chiropractic therapy, medial branch block, rhizotomy, epidural steroid injections and medications. In Pr-2's dated 5-19-15 and 6-23-15, the injured worker complained of low back pain with radiation to the left lower extremity. In a PR-2 dated 7-15-15, the injured worker complained of low back pain with radiation down the left lower extremity associated with numbness and tingling in the toes. In a Pr-2 dated 7-22-15, the injured worker complained of low back pain with radiation down the left lower extremity. The injured worker reported a feeling of instability to her low back and right lower extremity as well as weakness and numbness in the left toes. The injured worker stated that she fell because of weakness and instability in the right lower extremity. The injured worker rated her pain 7 to 8 out of 10 on the visual analog scale. Physical exam was remarkable for "limited" range of motion of the lumbar spine in all planes due to pain, tenderness to palpation to the lumbar spine with spasms, 4+ out of 5 right tibialis anterior strength and 5- out of 5 right extensor hallucis longus strength. Magnetic resonance imaging lumbar spine (7-29-11) showed degenerative disc disease with canal stenosis and neural foraminal narrowing. The physician stated that the injured worker's condition had taken a turn for the worse with increased left leg complaints. The physician recommended electromyography and nerve conduction velocity test bilateral lower extremities and ongoing pain management follow-ups. On 8-28-15, Utilization Review noncertified a request for electromyography and nerve conduction velocity test bilateral lower extremities and modified a request for unknown pain management follow-ups to one pain management follow-up.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 EMG of the bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back-Lumbar and Thoracic (Acute and Chronic), EMG.

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 EMGs (electromyography).

Decision rationale: The patient presents with left sided low back pain radiating into her left lower extremity to the ankle. The request is for 1 EMG of the bilateral lower extremities. The request for authorization is not provided. Physical examination reveals tenderness to palpation of the lumbar spine with spasms and limited range of motion in all planes noted. Patient has had 5 sessions of chiropractic treatment, with temporary relief. Patient's medications include Norco, Fenoprofen, Gabapentin, and Terocin Cream. Per progress report dated 09/16/15, the patient is permanent and stationary. ODG Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter, under EMGs (electromyography) Section states, "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." ODG Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter, under Nerve conduction studies (NCS) Section 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. (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." Per progress report dated 07/22/15, treater's reason for the request is "Her condition has taken a turn for the worse with increased left leg complaints that we do not have an explanation for." In this case, treater has proceeded with EMG of the Bilateral Lower Extremities on 08/11/15, prior to authorization. The patient continues with left sided low back pain radiating into her left lower extremity to the ankle. Given the patient's lower extremity symptoms, EMG study would appear reasonable. However, the patient's lower extremity symptoms are only on the left and not bilaterally. Therefore, the request IS/WAS NOT medically necessary.

1 NCS of the bilateral lower extremities: 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-Lumbar and Thoracic (Acute and Chronic), Nerve conduction studies (NCS).

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 EMGs (electromyography).

Decision rationale: The patient presents with left sided low back pain radiating into her left lower extremity to the ankle. The request is for 1 NCS of the bilateral lower extremities. The request for authorization is not provided. Physical examination reveals tenderness to palpation of the lumbar spine with spasms and limited range of motion in all planes noted. Patient has had 5 sessions of chiropractic treatment, with temporary relief. Patient's medications include Norco, Fenoprofen, Gabapentin, and Terocin Cream. Per progress report dated 09/16/15, the patient is permanent and stationary. ODG Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter, under EMGs (electromyography) Section states, "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." ODG Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter, under Nerve conduction studies (NCS) Section 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. (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." Per progress report dated 07/22/15, treater's reason for the request is "Her condition has taken a turn for the worse with increased left leg complaints that we do not have an explanation for." The patient continues with left sided low back pain radiating into her left lower extremity to the ankle. However, guidelines do not support NCV studies to address radiating leg symptoms when these are presumed to be coming from the spine. There are no concerns regarding plexopathies or peripheral neuropathies to warrant NCV studies. In this case, treater has proceeded with NCS of the Bilateral Lower Extremities on 08/11/15, prior to authorization. Therefore, the request IS/WAS NOT medically necessary.

Unknown pain management follow-ups: Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back-Lumbar and Thoracic (Acute and Chronic), Office visits.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic) Chapter, under Office visits.

Decision rationale: The patient presents with left sided low back pain radiating into her left lower extremity to the ankle. The request is for unknown pain management follow-ups. The request for authorization is not provided. Physical examination reveals tenderness to palpation of the lumbar spine with spasms and limited range of motion in all planes noted. Patient has had 5 sessions of chiropractic treatment, with temporary relief. Patient's medications include Norco, Fenoprofen, Gabapentin, and Terocin Cream. Per progress report dated 09/16/15, the patient is

permanent and stationary. ODG-TWC Guidelines, Neck and Upper Back (Acute & Chronic) Chapter, under Office visits Section states, "Recommended as determined to be medically necessary. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment." Per progress report dated 09/16/15, treater's reason for the request is "Pain management follow-ups with [REDACTED]" In this case, the continues with low back pain radiating into her lower extremity. Additionally, the patient is prescribed Norco, an opioid pain medication. It appears that the treating physician is requesting a follow-up visit to monitor this patient's continuing low back pain. While MTUS does not explicitly state how many follow-up visits are considered appropriate, regular follow up visits are an appropriate measure, and the provider is justified in seeking re-assessments to monitor this patient's condition. Therefore, the request IS medically necessary.