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| Case Number: | CM15-0211430 | | |
| Date Assigned: | 10/30/2015 | Date of Injury: | 09/30/2000 |
| Decision Date: | 12/11/2015 | UR Denial Date: | 09/21/2015 |
| Priority: | Standard | Application Received: | 10/27/2015 |

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 75-year-old male, who sustained an industrial injury on 9-30-2000. The injured worker was being treated for lumbar stenosis with neurogenic claudication, degeneration of lumbar intervertebral disc, lumbar disc disease with radiculopathy, chronic lumbar radiculopathy, diabetes, obesity, hypertension, status post shoulder surgery, and status post cervical spinal surgery. Treatment to date has included diagnostics, medications, and physical therapy. Per the orthopedic surgical spine consultation report (7-17-2015), the injured worker complains of right low back pain, ranging from a rating of 4-10 out of 10, with intermittent right leg symptoms, "which have been worsening over the past 4-5 months". He was using a cane for ambulation for the past 3 months. He denied any leg weakness but described tingling in the right ankle and urinary urgency. His body mass index was 40.58%. Exam of the lumbar spine noted a somewhat forward flexed posture, difficulty with toe and heel walking, 4 of 5 strength in the bilateral tibialis anterior, left peroneal, posterior tibial, and left extensor hallucis longus muscle. Pinprick sensory exam noted 50% left L5 dermatome, 40% right lower extremity, and 60% bilateral posterior S1 dermatomes. Deep tendon reflexes were absent in the patella or Achilles. Seated active straight leg raise-slump test was positive on the right for posterior thigh pain and supine passive straight leg raise reproduced mostly back pain. The treatment plan included electromyogram and nerve conduction studies of the lower extremities for comparison to 2014 studies. Pain management progress report (9-14-2015) referenced findings from magnetic resonance imaging of the lumbar spine (6-2015) and electromyogram and nerve conduction studies of the bilateral lower extremities (7-07-2014), noting grade 3 bilateral leg edema with

unreliable nerve conduction studies, non-reactive nerve conduction studies, chronic bilateral S1 lumbosacral radiculopathy, bilateral L5 lumbar radiculopathy, and no myopathy. The consulting provider noted that he would likely benefit from appropriate surgical decompression, with further and more specific treatment recommendations after updated electrodiagnostic studies. On 9-21-2015 Utilization Review non-certified, a request for electromyogram and nerve conduction 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:

Electromyograph (EMG) of bilateral lower extremities: Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

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), EMGs (electromyography) and Other Medical Treatment Guidelines AANEM Recommended Policy for Electrodiagnostic Medicine.

Decision rationale: The claimant has a remote history of a work injury occurring in September 2000 when he had low back and left shoulder pain while emptying large metal canisters. He underwent left shoulder arthroplasty in May 2001. Lumbar spine MRI scans in December 2001 and July 2010 included findings of multilevel spondylosis with mild canal and multilevel foraminal stenosis ranging from moderate to severe. Electrodiagnostic testing was done in July 2014 with nerve conduction studies that were unreliable due to lower extremity edema and electromyography showed findings of chronic bilateral radiculopathy. He was seen for an initial orthopedic spine surgery evaluation on 07/17/15. Limited records were available for review prior to or during the appointment. He was having burning back pain radiating into the right lower extremity. Physical examination findings included a body mass index over 40. He has a slow gait with use of a cane. He had a forward flexed posture. There was decreased left lower extremity strength and bilateral lower extremity sensation. Slump testing / seated straight leg raising was positive on the right side. Supine straight leg raising produced back pain. Recommendations included repeat electrodiagnostic testing with comparison to the previous study in July 2014. The claimant has a past medical history of hypertension and diabetes. Electromyography (EMG) testing is recommended as an option and may be useful to obtain unequivocal evidence of radiculopathy. Guidelines recommend that except in unique circumstances electromyography and nerve conduction studies should be performed together in the same electrodiagnostic evaluation when possible. In this case, since the nerve conduction, testing is medically necessary, the requested electromyography is also considered medically necessary.

Nerve conduction velocity (NCV) of bilateral lower extremities: Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

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), Nerve conduction studies (NCS) and Other Medical Treatment Guidelines AANEM Recommended Policy for Electrodiagnostic Medicine.

Decision rationale: The claimant has a remote history of a work injury occurring in September 2000 when he had low back and left shoulder pain while emptying large metal canisters. He underwent left shoulder arthroplasty in May 2001. Lumbar spine MRI scans in December 2001 and July 2010 included findings of multilevel spondylosis with mild canal and multilevel foraminal stenosis ranging from moderate to severe. Electrodiagnostic testing was done in July 2014 with nerve conduction studies that were unreliable due to lower extremity edema and electromyography showed findings of chronic bilateral radiculopathy. He was seen for an initial orthopedic spine surgery evaluation on 07/17/15. Limited records were available for review prior to or during the appointment. He was having burning back pain radiating into the right lower extremity. Physical examination findings included a body mass index over 40. He has a slow gait with use of a cane. He had a forward flexed posture. There was decreased left lower extremity strength and bilateral lower extremity sensation. Slump testing / seated straight leg raising was positive on the right side. Supine straight leg raising produced back pain. Recommendations included repeat electrodiagnostic testing with comparison to the previous study in July 2014. The claimant has a past medical history of hypertension and diabetes. Nerve conduction studies (NCS) for lumbar radiculopathy are not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms based on lumbar radiculopathy. However, the claimant has a history of diabetes and previous nerve conduction testing was non-diagnostic. Lumbar spine surgery is being considered and a diagnosis of a peripheral neuropathy would potentially affect surgical management. Lower extremity NCS testing is medically necessary.