

Case Number:	CM14-0117289		
Date Assigned:	08/06/2014	Date of Injury:	11/20/1996
Decision Date:	10/07/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/25/2014

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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 50-year-old female who has submitted a claim for chronic low back pain and right groin pain associated with an industrial injury date of 11/20/1996. Medical records from 05/15/1998 to 07/15/2014 were reviewed and showed that patient complained of low back pain graded 4-9/10 radiating down bilateral lower extremities with associated numbness and tingling. Physical examination revealed tenderness over the lumbar paraspinal muscles, decreased ROM, hyperreflexia of left patellar and Achilles tendon reflexes, intact sensation of lower extremities, and positive right leg shift. MRI of the lumbar spine dated 08/01/2011 revealed solid L5-S1 fusion and facet arthropathy worse on the right side at L3-4 and L4-5. Treatment to date has included lumbar fusion surgery (2000), spinal cord stimulator trial (06/08/2012), Cymbalta, Tramadol, Lyrica, Zanaflex, Prilosec, Restoril, Sanctuara, and Voltaren gel. Utilization review dated 06/24/2014 denied the request for EMG/NCV bilateral lower extremity because the documentation failed to indicate that there were neurological dysfunctions that would require EMG and nerve conduction study was not recommended when a patient was presumed to have symptoms on the basis of radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG FOR LEFT LOWER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: According to page 303 of CA MTUS ACOEM Low Back Chapter, the guidelines support the use of electromyography (EMG) to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. In this case, the patient complained of low back pain radiating down the lower extremities. Physical examination findings included hyperreflexia of left patellar and Achilles tendon reflexes and intact sensation of lower extremities. The patient's clinical manifestations were not consistent with a focal neurologic deficit to support EMG study. Therefore, the request for EMG for left lower extremity is not medically necessary.

NCS FOR LEFT LOWER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Official Disability Guidelines, (ODG), Low Back chapter, Nerve conduction studies (NCS) Other Medical Treatment Guideline or Medical Evidence: Nerve Conduction Studies in Polyneuropathy: Practical Physiology and Patterns of Abnormality, Acta Neurol Belg 2006 Jun; 106 (2): 73-81

Decision rationale: According to page 303 of CA MTUS ACOEM Low Back Chapter, the guidelines support the use of electromyography (EMG) to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. In this case, the patient complained of low back pain radiating down the lower extremities. Physical examination findings included hyperreflexia of left patellar and Achilles tendon reflexes and intact sensation of lower extremities. The patient's clinical manifestations were not consistent with a focal neurologic deficit to support NCS. Therefore, the request for NCS for left lower extremity is not medically necessary.

NCS FOR RIGHT LOWER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Official Disability Guidelines, (ODG), Low Back chapter, Nerve conduction studies (NCS) Other Medical Treatment Guideline or Medical Evidence: Nerve Conduction Studies in Polyneuropathy: Practical Physiology and Patterns of Abnormality, Acta Neurol Belg 2006 Jun; 106 (2): 73-81

Decision rationale: According to page 303 of CA MTUS ACOEM Low Back Chapter, the guidelines support the use of electromyography (EMG) to identify subtle, focal neurologic

dysfunction in patients with low back symptoms lasting more than three to four weeks. In this case, the patient complained of low back pain radiating down the lower extremities. Physical examination findings included hyperreflexia of left patellar and Achilles tendon reflexes and intact sensation of lower extremities. The patient's clinical manifestations were not consistent with a focal neurologic deficit to support NCS study. Therefore, the request for NCS for right lower extremity is not medically necessary.

EMG FOR RIGHT LOWER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: According to page 303 of CA MTUS ACOEM Low Back Chapter, the guidelines support the use of electromyography (EMG) to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. According to page 303 of CA MTUS ACOEM Low Back Chapter, the guidelines support the use of electromyography (EMG) to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. In this case, the patient complained of low back pain radiating down the lower extremities. Physical examination findings included hyperreflexia of left patellar and Achilles tendon reflexes and intact sensation of lower extremities. The patient's clinical manifestations were not consistent with a focal neurologic deficit to support EMG study. Therefore, the request for EMG for right lower extremity is not medically necessary.