

Case Number:	CM14-0123304		
Date Assigned:	09/16/2014	Date of Injury:	05/10/2014
Decision Date:	10/27/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	08/05/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 injured worker is a 61 year old male who sustained an injury to his low back on 05/10/14 after being rear ended in a motor vehicle accident. MRI of the lumbar spine noted degenerative disc changes and a disc herniation in the lumbar spine (level not specified). Progress report dated 09/03/14 reported that the injured worker was last seen on 07/28/14. Since the injured worker's last visit, his low back pain has progressively worsened which radiates down the bilateral lower extremities, right greater than left at 6/10 VAS. The injured worker quantified his pain in the low back at about 60% in comparison with pain radiating down the bilateral lower extremities. The MRI of the lumbar spine performed on 06/19/14 revealed abnormalities including the 7mm extrusion of the nucleus pulposus. With the injured worker ongoing pain in his neck and low back, he is requesting for stronger pain medications. He is currently on Anaprox DS 550mg which only provides minimal relief. He continues to require Prilosec as he does develop medication-induced gastritis symptoms. It was noted that the injured worker recently had electrodiagnostic studies of his low back and bilateral lower extremities performed on 07/22/14 but unfortunately, the report is not available yet. The injured worker was scheduled to have electrodiagnostic studies of his upper extremities in the next few weeks. Physical exam of the lumbar spine noted normal posture; normal lordosis; no evidence of scoliosis or increased thoracic kyphosis; hips/pelvis levels; leg limb equal; tenderness to palpation about the lumbar paravertebral musculature and sciatic notch region. Trigger points and taut bands with tenderness to palpation noted throughout; flexion 45 degrees, extension 15 degrees, bilateral lateral bending 20 degrees; deep tendon reflexes 2+ throughout; muscle strength 5/5 throughout, except bilateral ankle extension and great toe extension 4/5 bilaterally; sensory decreased along the posterior lateral thigh, lateral calf, and dorsum of the foot bilaterally, right greater than left; straight leg raise positive bilaterally right 45 degrees, left 60 degrees.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG BILATERAL LOWER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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 chapter, EMGs (electromyography)

Decision rationale: The previous request was denied on the basis that the 06/30/14 examination and follow up note do not describe any unexplained symptoms or findings that would require additional diagnostic testing with EDS. The records indicate that the injured worker recently underwent electrodiagnostic studies of the low back and bilateral lower extremities on 07/22/14 but unfortunately the report was not available. There was no report of a new acute injury or exacerbation of previous symptoms since the previous study was performed. The Official Disability Guidelines states that electromyography may be useful to obtain unequivocal evidence of radiculopathy, after 1 month of conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. The Official Disability Guidelines states nerve conduction studies are not recommended for the low back there is minimal justification for performing nerve conduction studies when an injured worker is presumed to have symptoms on the basis of radiculopathy. In the management of spine trauma with radicular symptoms, EMG/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. There were no additional significant red flags identified that warrant a repeat study. Given this the request for EMG/NCV of the bilateral lower extremities is not indicated as medically necessary.

NCV BILATERAL LOWER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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 chapter, Nerve conduction studies (NCS)

Decision rationale: The previous request was denied on the basis that the 06/30/14 examination and follow up note do not describe any unexplained symptoms or findings that would require additional diagnostic testing with EDS. The records indicate that the injured worker recently underwent electrodiagnostic studies of the low back and bilateral lower extremities on 07/22/14 but unfortunately the report was not available. There was no report of a new acute injury or exacerbation of previous symptoms since the previous study was performed. The Official Disability Guidelines states that electromyography may be useful to obtain unequivocal evidence

of radiculopathy, after 1 month of conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. The Official Disability Guidelines states nerve conduction studies are not recommended for the low back there is minimal justification for performing nerve conduction studies when an injured worker is presumed to have symptoms on the basis of radiculopathy. In the management of spine trauma with radicular symptoms, EMG/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. There were no additional significant red flags identified that warrant a repeat study. Given this the request for EMG/NCV of the bilateral lower extremities is not indicated as medically necessary.