

Case Number:	CM14-0126354		
Date Assigned:	08/13/2014	Date of Injury:	08/06/2012
Decision Date:	09/30/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	08/08/2014

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 injured worker is a 61 year old female who sustained an injury to her low back on 08/06/12 while going down a flight of stairs; she encountered a slippery surface and began to fall. A coworker attempted to grab her left arm to break her fall and in doing so, she reported that she "jerked" her neck twice. She noted a crackling noise in the neck and also felt pain in the low back. She rated her low back pain at 6-8/10 VAS. A qualified medical evaluation dated 09/16/13 concluded that MRI of the lumbar spine was recommended as the injured worker continues to be symptomatic and reports significant loss of functional capacity. The progress report dated 07/01/14 reported that the injured worker continued to complain of low back pain and she is having terrible headaches/vertigo since the injury occurred. The injured worker stated that her symptoms have not improved and she is having a difficult time working in her retail position. Range of motion in her low back is also very limited with pain radiating down her bilateral legs (mostly right) intermittently. She is also not able to lift her toes. Physical examination noted lumbar spine range of motion forward flexion 80 degrees, extension 10 degrees limited by low back pain; no palpable step offs, scoliotic curves, or crepitus; negative straight leg raise for radiculopathy; positive Fabre's for right sided lateral pelvis pain; able to heel/toe walk without difficulty, but notable for poor balance secondary to feeling of vertigo. There was no imaging studies provided for review of the lumbar spine. The injured worker was diagnosed with degenerative disc disease of the lumbar spine and recommended for EMG/NCV of the left lower extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG, left lower extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg chapter, EMGs (electromyography) (Electronically sited).

Decision rationale: The previous request was denied on the basis that the available records did not give any significant detailed related to the lumbar examination, as to any consistent radicular findings. It was noted that there was reported to be a component of extensor hallucis weakness bilaterally, but the greater findings are to the right by MRI with lesser motor findings to the right on clinical examination. Further information should be provided. The clinical information provided did not indicate any left lower extremity pathology. The Official Disability Guidelines state that EMGs 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. Given the lack of left lower extremity symptomology, the request for an EMG of the left lower extremity is not indicated as medically necessary.

NCV, left lower extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg chapter, Nerve conduction studies (NCS) (Electronically site).

Decision rationale: The previous request was denied on the basis that the available records do not give significant detailed information related to the lumbar examination, as to consistent radicular findings. It was noted that there is reported to be a component of extensor hallucis weakness bilaterally, but the greater findings are to the right by MRI and with lesser motor findings to the right on clinical examination. Further information should be provided. The Official Disability Guidelines state that nerve conduction studies are not recommended for the lumbar spine. There is minimal justification for performing nerve conduction studies when an injured worker is presumed to have symptoms on the basis of radiculopathy. Systematic review and meta-analysis demonstrate that neurological testing procedures have limited overall diagnostic accuracy in detecting a disc herniation with suspected 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. Given this, the request for an NCV of the left lower extremity is not indicated as medically necessary.

