

Case Number:	CM14-0126896		
Date Assigned:	08/13/2014	Date of Injury:	07/01/2012
Decision Date:	10/23/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	08/11/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 56-year-old male with a reported date of injury on 07/01/2012. The mechanism of injury was noted to be from repetitive trauma. His diagnoses were noted to include spondylolisthesis, lumbosacral spondylosis, and lumbar region sprain. His previous treatments were noted to include chiropractic treatment, physical therapy, and medications. The progress note dated 05/08/2014 revealed complaints of low back pain that radiated to the bilateral lower extremities rated 6/10. The patient complained of pain to the neck which radiated down both upper extremities. There were sensory deficits along the C5-6 distribution. The physical examination of the lumbar spine revealed tenderness to palpation bilaterally with increased muscle rigidity. There were numerous trigger points that were palpable and tender throughout the paraspinal muscles. There was decreased range of motion with obvious muscle guarding. The deep tendon reflexes were 2/4 at the patella and 1/4 at the Achilles. The manual muscle testing was rated 5/5 and the sensation examination was decreased in approximately the L5-S1 distribution. The straight leg raise was positive causing radicular symptoms in the bilateral lower extremities. The provider indicated an MRI to the lumbar spine was performed 09/13/2013 which revealed disc desiccation at the L4-5 and L5-S1 dermatome distribution. The Request for Authorization form was not submitted within the medical records. The request was for an electromyography/nerve conduction velocity to the bilateral lower extremities due to ongoing pain with radicular symptoms to the lower extremities.

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: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG Low Back, EMGs

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

Decision rationale: The request for an EMG of the left lower extremity is not medically necessary. The injured worker has tenderness to palpation of the lumbar spine, decreased range of motion, symmetric deep tendon reflexes, full motor strength, and decreased sensation in the L5-S1 distribution. The Ca MTUS/ACOEM Guidelines state electromyography, including H reflex test, may be useful to identify subtle, focal neurologic dysfunction in injured workers with low back symptoms lasting more than 3 to 4 weeks. The guidelines state electromyography can be used to identify and define disc protrusion, cauda equina syndrome, spinal stenosis, and post laminectomy syndrome. Electromyography is appropriate when radiculopathy is present on the physical examination but the affected nerve is not clear. The physical examination revealed signs and symptoms of radiculopathy with a positive nerve in regards to the L5-S1; however, the injured worker has been shown to have full motor strength and equal deep tendon reflexes. Therefore, there is a lack of significant neurological deficits to warrant an electromyography. Therefore, the request is not medically necessary.

EMG right lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG Low Back, EMGs

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

Decision rationale: The request for an EMG of the right lower extremity is not medically necessary. The injured worker has tenderness to palpation of the lumbar spine, decreased range of motion, symmetric deep tendon reflexes, full motor strength, and decreased sensation in the L5-S1 distribution. The Ca MTUS/ACOEM Guidelines state electromyography, including H reflex test, may be useful to identify subtle, focal neurologic dysfunction in injured workers with low back symptoms lasting more than 3 to 4 weeks. The guidelines state electromyography can be used to identify and define disc protrusion, cauda equina syndrome, spinal stenosis, and post laminectomy syndrome. Electromyography is appropriate when radiculopathy is present on the physical examination but the affected nerve is not clear. The physical examination revealed signs and symptoms of radiculopathy with a positive nerve in regards to the L5-S1; however, the injured worker has been shown to have full motor strength and equal deep tendon reflexes. Therefore, there is a lack of significant neurological deficits to warrant an electromyography. Therefore, the request is not medically necessary.

NCV left lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG Low Back, EMGs

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, Nerve Conduction Studies.

Decision rationale: The request for an NCV of the left lower extremity is not medically necessary. The injured worker has decreased sensation, full motor strength, positive straight leg raise, and tenderness to palpation to the lumbar spine. The Official Disability Guidelines do not recommend nerve conduction study. There is minimal justification for performing nerve conduction studies when the patient is presumed to have symptoms on the basis of radiculopathy. The systematic review and meta-analysis demonstrate that neurologic testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy. In the management of spine trauma with radicular symptoms, EMG/nerve conduction studies 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. The documentation provided indicated the injured worker had full motor strength and symmetric deep tendon reflexes which does not show significant neurological deficits to warrant a nerve conduction velocity. Additionally, the nerve conduction velocity is not recommended by the guidelines. Therefore, the request is not medically necessary.

NCV right lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG Low Back, EMGs

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, Nerve Conduction Studies

Decision rationale: The request for an NCV of the right lower extremity is not medically necessary. The injured worker has decreased sensation, full motor strength, positive straight leg raise, and tenderness to palpation to the lumbar spine. The Official Disability Guidelines do not recommend nerve conduction study. There is minimal justification for performing nerve conduction studies when the patient is presumed to have symptoms on the basis of radiculopathy. The systematic review and meta-analysis demonstrate that neurologic testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy. In the management of spine trauma with radicular symptoms, EMG/nerve conduction studies 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. The documentation provided indicated the injured worker had full motor strength and symmetric deep tendon reflexes which does not show significant neurological deficits to warrant a nerve conduction velocity. Additionally, the nerve conduction velocity is not recommended by the guidelines. Therefore, the request is not medically necessary.

