

Case Number:	CM14-0142064		
Date Assigned:	09/10/2014	Date of Injury:	05/08/2002
Decision Date:	10/10/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/03/2014

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 Occupational 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:

According to the provided documents, this is a 51 year-old woman with the date of injury of 5/8/2002. Mechanism of injury was not included. There is mention of left carpal tunnel release previously. The 7/16/14 clinical encounters summary indicates that there is low back pain, chronic with radiation into the right lower extremities. There is weakness and numbness in the right lower extremity, tingling is noted. There is no specific distribution of the pain or numbness noted. There is no mention of the duration of the symptoms other than to state that they are chronic. There has been worsening over the last 2 months particularly increased after discontinuing Lyrica secondary to "her other insurance no longer wanting to pay for the medication". It states that she was using this in combination with Topamax for seizures as well as neuropathic pain. Report notes the patient has not taken Lyrica since 7/4. Her PCP is pursuing authorization. Function has declined as a result of the increase in the right lower extremity pain. She is using Norco, and frequent Lidoderm patches. The exam shows deep tendon reflexes are 2+ except for one plus patellar on the right side. Sensation is decreased lateral and posterior thigh of the right side type. Motor strength was reported normal. (The duration of these findings is not noted). Treatment plan for degeneration of lumbar sacral intervertebral disc was Norco, PT, Lidoderm and nerve conduction study/EMG lower extremity. This study is the disputed study under review. There is note in the report that the patient recently had an MRI done 2/10/14 with many significant findings that did not clear it clearly correlates to the physical examination. She is having increased radiculopathy and an EMG will help discern the cause of radiculopathy with potential for ESI which she has not had a past. This also will help discern old injury versus new injury. The patient does not recall having EMG on the lower extremities. A 4/15/14 report, same medical facility but different provider says pain symptoms are stable on the current treatment regimen. Mentions Lyrica and Topamax as being given by another M.D. The only mention of

physical exam for the lumbar spine was tenderness. A 1/21/14 report, same medical facility, different provider again, notes another provider is prescribing both Lyrica and Topamax. There are no current complaints documented relating to the lower back or lower extremities. There is no exam of the lower back or lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) of the right lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 11th edition (web), Low Back, EMGs

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304;309.

Decision rationale: ACOEM guidelines state that if patients do not improve after 1 month of conservative treatment, EMG and H reflex test to clarify nerve root dysfunction can be considered. These tests may be useful to identify subtle focal neurologic dysfunction. The documentation is not clear on the duration of the radicular complaints or findings in this patient's right lower extremity but apparently they are new over the past few months possibly precipitated by discontinuing a neuropathic pain medication Lyrica. There is no indication there has been any conservative treatment for the symptoms and PT is just being ordered. There is no indication that there is any consideration for requesting the Lyrica which apparently was controlling the symptoms for the radicular pain. Simply because it was being prescribed by different physician for a different problem does not mean that it may not be useful for the radicular pain and prescribed on that basis. There is no red flag and currently no indication the patient's a surgical candidate. Currently, absent documentation of an appropriate course of conservative treatment for this apparently new clinical presentation, the electromyogram (EMG) of the right lower extremity is not considered to be medically necessary based upon the evidence and the guidelines.

Nerve conduction velocity (NCV) of the right 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 (ODG) 11th edition (web), 2014, Low Back, Nerve conduction studies (NCS)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) back, electrodiagnostic testing

Decision rationale: None of the reports particularly the requesting report document that there is any concern for a peripheral neuropathy in the lower extremities. The concern is purely for radiculopathy. ACOEM/MTUS guidelines do not even address nerve conduction studies for

evaluation of lumbar radiculopathy. ODG states that nerve conduction studies are not recommended for evaluation of lumbar radiculopathy, only peripheral nerve lesions. Therefore, based upon the evidence the guidelines, this is not considered to be medically necessary.