

Case Number:	CM14-0166031		
Date Assigned:	10/13/2014	Date of Injury:	10/16/2009
Decision Date:	11/12/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	10/08/2014

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 Physical Medicine, has a subspecialty in Interventional Spine 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 63-year-old male with date of injury of 10/16/2009. The listed diagnoses per [REDACTED], from 05/12/2014 are: 1. Status post blunt trauma to the head with LOC and residual headaches. 2. Cervical sprain/strain. 3. Thoracic sprain/strain. 4. Hearing loss posttraumatic right ear. 5. Possible posttraumatic depression/anxiety disorder. 6. Herniated nucleus pulposus at L4-L5 and L3-L4 on the right. 7. Status post fusion at L4-L5 for recurrent disk herniation. 8. Lumbar radiculopathy. According to this report, the patient complains of intermittent/frequent sharp lumbar spine pain and bilateral lower extremity radiculopathy to the legs and feet. The patient is status post lumbar fusion from December 2009. Prolonged standing increases his pain in the lumbar spine which he rates a 7/10 with numbness to the bottom of his feet. The examination of the lumbar spine revealed a flat back from probable myospasm. There was a well-healed lower lumbar midline scar. Grade II tenderness was present to palpation and spasm over the paralumbar musculature. Sciatic notch is tender to palpation bilaterally. Patellar reflexes were +2 bilaterally. Achilles reflexes were +1 bilaterally. The patient was able to walk on his toes and heels with some difficulties. He was able to perform a full squat with some difficulty. Sensory testing with Wartenberg wheel revealed a mild loss of sensory change over L5, S1 dermatomes of the lower extremities bilaterally. Straight leg raise was positive bilaterally at 20 to 25 degrees. Braggard's testing is positive bilaterally. Kemp's testing is positive bilaterally. The documents included a QME from 01/24/2013 and Acupuncture reports from 05/14/2014 to 06/18/2014. The utilization review denied the request on 09/03/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCV/EMG of bilateral lower extremities: Overturned

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

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) Low Back Chapter on Nerve Conduction Studies

Decision rationale: This patient presents with low back pain. The patient is status post lumbar fusion from December 2009. The treater is requesting a decision for the Electromyogram (EMG) and Nerve Conduction Studies NCV/EMG of the bilateral lower extremities. The ACOEM Guidelines page 303 states that electromyography including H-reflex test may be useful to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. In addition, ODG does not recommend NCV. There is minimal justification for performing nerve conduction studies when the patient is presumed to have symptoms on the basis of radiculopathy. The systemic review and meta-analysis demonstrated neurological testing procedures have limited overall diagnostic accuracy in detecting disk 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. The records do not show any previous EMG/NCV of the bilateral lower extremities. The 08/20/2014 report notes that the treating physician is requesting an EMG/NCV to the bilateral lower extremities to rule out "neuropathology." In this case, the examination shows sensory change over L5, S1 dermatomes of the lower extremities bilaterally. Straight leg raise was positive bilaterally at 20 to 25 degrees. Braggard's and Kemp's testing are positive bilaterally. Given the patient's persistent low back pain and radiating symptoms down both legs, an EMG/NCV appears reasonable. Treatment is medically necessary and appropriate.