

Case Number:	CM14-0166189		
Date Assigned:	10/13/2014	Date of Injury:	08/26/2013
Decision Date:	11/13/2014	UR Denial Date:	10/06/2014
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 Occupational medicine, and is licensed to practice in Colorado. 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 32-year-old who developed low back pain after reaching over during work-related cleaning activities. The worker received conservative treatment including physical therapy. An MRI scan of the low back was performed. There is documentation of an MRI scan of the lumbosacral spine from November 14, 2013 with findings of L4-5 mild disc degeneration with non-impinging bilaterally foraminal encroachment. There is a 2-3 mm annular bulge with mild facet hypertrophy. On February 3, 2014 there is documentation of occasional numbness in the right leg. On April 16, 2014 there is documentation of pain radiation into both legs and numbness and tingling. On April 25, 2014 there is documentation of mild tingling and pins and needles sensation in the area both buttocks and tailbone which does not extend below the mid thigh were past the knee. There is documentation of an annular tear at the L4-5 area. On June 5, 2014 there is documentation of persistent numbness and tingling in both legs. June 6, 2014 there is documentation that there was a subjective denial of radicular symptoms at this time but one episode of radicular symptom of numbness and tingling down the right L5 dermatome distribution. There is documentation of relatively normal neurologic examination. The provider documented that an epidural injection was not indicated. There is an impression of lumbar radiculitis and possible disc disease. The provider requested authorization for an EMG and nerve conduction study of the bilateral lower extremities. On August 6, 2014 there is documentation of symptoms including sharp, throbbing, cutting, dull, aching, pressure, muscle pain, cramping, shooting, electrical shocklike, weakness, numbness, stiffness, burning, abnormal swelling and limited movement. Pain was rated at 7/10 with an average of 6/10 with medications. 75% of the pain is located in the back of 25% of the pain is in the leg. There is documentation of limited functionality including household chores. Examination findings include normal lumbar lordosis, painful but normal active range of motion of the lumbosacral spine, negative Fabere, Patrick's

signs, intact motor strength of the lower extremities at 5/5, intact deep tendon reflexes, and intact sensation. On August 19, 2014 there is documentation of tenderness of the lumbosacral spine and paraspinal muscles L3-S1. There is documentation of normal but painful lumbosacral range of motion. There is documentation of negative straight leg raising and provocative testing. There is documentation of radicular pain in the L5-S1 distribution.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient NCV of bilateral lower extremities: 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)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low Back Complaints Page(s): 296, 303, 309.

Decision rationale: According to the MTUS, nerve conduction velocity testing (i.e. EMG) is recommended to evaluate lumbosacral radiculopathy within 4-6 weeks, in the absence of severe or progressive neurologic symptoms. Unique symptoms of lumbosacral radiculopathy include abnormal gait, and leg pain, numbness, weakness, all in a specific distribution. Also, as provided by the MTUS, electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. EMGs are recommended to clarify nerve root dysfunction but not for clinically obvious radiculopathy. In this case, the injured worker has had intermittent and non-focal lower extremity neurologic symptomology lasting greater than 4 weeks not documented as occurring in a specific radicular distribution. Specifically, there is no documentation of leg pain, numbness, or weakness in a specific dermatomal distribution. Therefore, the request to authorize bilateral lower extremity nerve conduction velocity tests is not considered medically necessary or appropriate.