

Case Number:	CM14-0172328		
Date Assigned:	10/23/2014	Date of Injury:	05/30/2003
Decision Date:	12/19/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	10/17/2014

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 Emergency Medicine, and is licensed to practice in Texas. 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 75-year-old female who reported an injury on 05/30/2003. The mechanism of injury was cumulative trauma. Her diagnosis was spondylolisthesis. Past treatments included physical therapy and unspecified medications. Diagnostic studies include an MRI of the lumbar spine performed on 11/13/2013 and a CT scan of the lumbar spine on 09/30/2014 which revealed multilevel degenerative disc disease, worse at the L5-S1 level, with disc space narrowing and grade one anterior spondylolisthesis. Surgical history included a laminectomy at multiple levels from the L3 through the S1 on 12/13/2013. The submitted documentation indicates that the injured worker was seen on 06/20/2014, and it was that she complained of lower back pain radiating into the right leg and bilateral knee pain. Her pain was rated 6/10 to 10/10 and described as achy and sharp. Physical examination revealed decreased sensation of the left L5-S1 distribution, a positive right straight leg raise test, and symmetrical deep tendon reflexes rated 1+. The requests are for electromyogram (EMG) and nerve conduction velocity (NCV) of the lower extremities and blood urea nitrogen and creatinine tests. The rationale for the request and the Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient EMG/NCV bilateral lower extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS 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) Low Back, Nerve conduction studies (NCS) and EMGs (electromyography).

Decision rationale: The request for electromyography (EMG) and nerve conduction velocity (NCV) of the lower extremities is not medically necessary. The California MTUS/ACOEM Guidelines state electromyography (EMG) may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 to 4 weeks. In addition, the Official Disability Guidelines state EMGs may be useful to obtain unequivocal evidence of radiculopathy, after 1 month conservative therapy, but they are not necessary if radiculopathy is already clinically obvious. Nerve conduction velocity tests are not recommended as there is minimal justification for performing nerve conduction studies when an injured worker is presumed to have symptoms on the basis of radiculopathy. Although the injured worker was noted to have neurological deficits on 06/20/2014 physical exam, the clinical note from that date was not provided to verify these findings. There was also a lack of documentation to evidence trial and failure of conservative care, such as medication, rest, and physical therapy, for 1 month. In the absence of appropriate clinical documentation to support radiating symptoms and neurological deficits in a non-specific pattern on physical exam and evidence of failed conservative treatment, EMG is not supported. Additionally, the guidelines specifically state NCV studies are not recommended for suspected radiculopathy. Therefore, the request for EMG/NCV of the lower extremities is not medically necessary.

Laboratory tests: BUN and Creatinine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines regarding: BUN and creatinine lab tests.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70.

Decision rationale: The request for blood urea nitrogen and creatinine tests is not medically necessary. The California MTUS Guidelines recommend periodic lab monitoring of a CBC and chemistry profile (including the renal function test), for those taking non-steroidal anti-inflammatory drugs. There was a lack of documentation to evidence that the injured worker was taking or prescribed a non-steroidal anti-inflammatory medication. There was also no documentation regarding previous testing and results. In addition, the documentation failed to provide sufficient rationale as to the medical necessity of the request. As such, the request for BUN and creatinine test is not medically necessary.