MAXIMUS Federal Services

Case Number:	CM14-0175640		
Date Assigned:	10/28/2014	Date of Injury:	10/15/2013
Decision Date:	12/08/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/23/2014

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:

Patient is a 52-year-old female who has submitted a claim for lumbar disc displacement, carpal tunnel syndrome, tenosynovitis of hand and wrist, and ulnar nerve lesion associated with an industrial injury date of 10/15/2013. Medical records from 2014 were reviewed. Patient complained of low back pain rated 8/10 in severity, without radicular symptoms. Patient denied bowel or bladder incontinence. Physical examination showed lumbar flexion of 45 degrees. Straight leg raise test was unremarkable. Reflexes, sensory exam, and motor exam were intact.X-ray of the lumbar spine, dated 10/15/2013, showed mild to moderate discogenic disease of the lower lumbar spine. MRI of the lumbar spine from 9/9/2014 documented 5-mm disc bulge at L3 to L4 and diffuse disc bulge at L4 to L5 with mild to moderate spinal stenosis. Treatment to date has included physical therapy and medications. Utilization review from 9/25/2014 denied request for EMG/NCV of bilateral lower extremities because there was no indication that the patient was suffering from radicular pain or had neurological deficits to warrant such diagnostic testing.

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 Official Disability Guidelines (ODG) Low back

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

Decision rationale: According to page 303 of CA MTUS ACOEM Low Back Chapter, the guidelines support the use of electromyography (EMG) to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. In this case, patient complained of low back pain rated 8/10 in severity, without radicular symptoms. Patient denied bowel or bladder incontinence. Physical examination showed lumbar flexion of 45 degrees. Straight leg raise test was unremarkable. Reflexes, sensory exam, and motor exam were intact. X-ray of the lumbar spine, dated 10/15/2013, showed mild to moderate discogenic disease of the lower lumbar spine. MRI of the lumbar spine from 9/9/2014 documented 5-mm disc bulge at L3 to L4 and diffuse disc bulge at L4 to L5 with mild to moderate spinal stenosis. However, clinical manifestations were not consistent with focal neurologic dysfunction to warrant electromyography. There was no clear documented rationale for electrodiagnostic testing. Guideline criteria were not met. Therefore, the request for EMG of left lower extremity was 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 Official Disability Guidelines (ODG) Low back

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NCS left lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Nerve Conduction Studies in Polyneuropathy: Practical Physiology and Patterns of Abnormality, Acta Neurol Belg 2006 Jun; 106 (2): 73-81 Official Disability Guidelines, (ODG), Low Back chapter, Nerve conduction studies (NCS)

Decision rationale: The CA MTUS does not address NCS specifically. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Low Back Chapter, Nerve Conduction Studies (NCS) was used instead. The Official Disability Guidelines state that there is minimal justification for performing nerve conduction studies when the patient is presumed to have symptoms on the basis of radiculopathy. A published study entitled, "Nerve Conduction Studies in Polyneuropathy", cited that NCS is an essential part of the work-up of peripheral neuropathies. Many neuropathic syndromes can be suspected on clinical grounds, but optimal use of nerve conduction study techniques allows diagnostic classification and is therefore crucial to understanding and separation of neuropathies. In this case, patient complained of low back pain rated 8/10 in severity, without radicular symptoms. Patient denied bowel or bladder incontinence. Physical examination showed lumbar flexion of 45 degrees. Straight leg raise test was unremarkable. Reflexes, sensory exam, and motor exam were intact. X-ray of the lumbar spine, dated 10/15/2013, showed mild to moderate discogenic disease of the lower lumbar spine. MRI of the lumbar spine from 9/9/2014 documented 5-mm disc bulge at L3 to L4 and diffuse disc bulge at L4 to L5 with mild to moderate spinal stenosis. However, clinical manifestations were not consistent with neuropathy to warrant NCV. There was no clear documented rationale for electrodiagnostic testing. Guideline criteria were not met. Therefore, the request for NCV of left lower extremity was not medically necessary.

NCS right lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back

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 chapter, Nerve conduction studies (NCS) Other Medical Treatment Guideline or Medical Evidence: Nerve Conduction Studies in Polyneuropathy: Practical Physiology and Patterns of Abnormality, Acta Neurol Belg 2006 Jun; 106 (2): 73-81

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