

Case Number:	CM14-0185669		
Date Assigned:	11/13/2014	Date of Injury:	03/01/2007
Decision Date:	12/19/2014	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	11/07/2014

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 Family Medicine and is licensed to practice in California and 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:

This is a 60 year old male patient who sustained an injury on 5/17/2007. He sustained the injury due to cumulative trauma. The diagnoses include cervical strain, lumbar strain and status post lumbar fusion surgery. Per the doctor's note dated 10/09/14, patient had complaints of neck pain with tingling and numbness in bilateral upper extremities; abdominal pain and low back pain with tingling and numbness in lower extremities; anxiety, insomnia, stress and depression. Physical examination revealed cervical spine- tenderness, decreased range of motion, positive cervical compression and distraction test, slightly diminished sensation over the C5, C6, C7, C8, and T1 dermatomes in the bilateral upper extremities, 4/5 strength in bilateral upper extremities; abdomen- slight swelling at the umbilicus, lumbar spine- tenderness and spasm, decreased range of motion, positive straight leg raising test at 40 degrees bilaterally, slightly decreased sensation to pin-prick and light touch at the L4, L5 and S1 dermatomes bilaterally and 4/5 strength in bilateral lower extremities. The medication list includes diclofenac, amitriptyline, gabapentin, tramadol and topical compound creams. He has undergone stomach surgery in 1974 and lumbar spine surgery on 2/2/2010. He has had CT scan of lumbar spine on 12/16/2010 which revealed a solid fusion at L4-5 and L5-S1; lumbar spine MRI dated 4/24/2007 which revealed multilevel disc protrusion and degenerative changes; EMG/NCS of bilateral lower extremities dated 6/14/2007 which revealed an L5-S1 bilateral radiculopathy; MRI cervical spine dated 5/2/2009 which revealed a loss of the intervertebral disc space heights and disc desiccation changes seen at the C3-4, C5-6, and C6-7 levels with straightening of the normal cervical spine lordosis; MRI lumbar spine dated 5/2/2009 which revealed multilevel loss of the intervertebral disc space heights and disc desiccation changes seen at the L3-4, L4-5, and L5-S1 levels with straightening of the normal lumbar spine lordosis; EMG/NCS for upper and lower extremities on 5/27/2009 which revealed a chronic right L5 and left S1 motor radiculopathy, mild right ulnar motor

neuropathy at the wrist, moderate bilateral median sensory neuropathy, moderate left ulnar sensory neuropathy, moderate right peroneal motor neuropathy (possible site of lesion at the L5 nerve root), and a left S1 radiculopathy. He has had physical therapy visits, occupational therapy, pain pump, bone growth stimulator, acupuncture visits and cold therapy unit for this injury. He has had urine drug screen on 10/9/14; test on 11/12/13, 1/9/14, 3/11/14, 5/28/14 and 4/8/14 with inconsistent results.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV Bilateral Upper Extremity (BUE) and Bilateral Lower Extremity (BLE):

Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 177-178; 303.

Decision rationale: Per the ACOEM chapter 9 guidelines, "Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks." In addition per ACOEM chapter 12 guidelines, "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." Per the records provided patient has already had EMG/NCS of bilateral lower extremities dated 6/14/2007 which revealed an L5-S1 bilateral radiculopathy; MRI cervical spine dated 5/2/2009 which revealed a loss of the intervertebral disc space heights and disc desiccation changes seen at the C3-4, C5-6, and C6-7 levels with straightening of the normal cervical spine lordosis; MRI lumbar spine dated 5/2/2009 which revealed multilevel loss of the intervertebral disc space heights and disc desiccation changes seen at the L3-4, L4-5, and L5-S1 levels with straightening of the normal lumbar spine lordosis; EMG/NCS for upper and lower extremities on 5/27/2009 which revealed a chronic right L5 and left S1 motor radiculopathy, mild right ulnar motor neuropathy at the wrist, moderate bilateral median sensory neuropathy, moderate left ulnar sensory neuropathy, moderate right peroneal motor neuropathy (possible site of lesion at the L5 nerve root), and a left S1 radiculopathy. Significant changes in patient's condition since these diagnostic studies that would require repeat EMG/NCS for the upper and lower extremities are not specified in the records provided. The response to prior rehabilitative measures including physical therapy is not specified in the records provided. The medical necessity of the EMG/NCV BUE, BLE is not established.