

Case Number:	CM14-0096815		
Date Assigned:	07/28/2014	Date of Injury:	05/31/2013
Decision Date:	10/08/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/24/2014

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. 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 43-year-old female who reported an industrial injury to the back on 5/31/2013, 16 months ago, attributed to the performance of her usual and customary job tasks. The patient is noted to be off work since no light duty is available. The patient complained of low back pain and bilateral hip pain. The patient has been treated with medications, activity modifications, aquatic PT, and received an initial EMG/NCV of the bilateral lower extremities on 3/13/2014. The EMG/NCV was reported as normal. The objective findings on examination included no acute distress; mood and affect appropriate and cooperative; gait normal; lumbar spine with no gross deformity; walks with a slight flexed posture due to increased pain when standing completely a wreck; decreased range of motion to the lumbar spine; bilateral paraspinal muscle tenderness present from L1-S1; no frank muscle spasms present; SLR negative; gait antalgic; non tender right hip; non tender left hip; motor 5/5 both lower extremities; sensory intact; no muscle atrophy; no instability. The diagnoses included low back pain; left hip joint pain; left SI joint pain; right SI joint pain; lumbar spine degenerative disc disease (DDD); lumbosacral radiculitis; arthritis left hip; chronic low back pain and lumbar spondylosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat Electromyography of Bilateral Lower Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303; Updated 04/07/08 pg 62. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter EMG and NCS

Decision rationale: There is no objective evidence of any changes in the neurological status of the patient to warrant repeated Electrodiagnostic studies after a prior normal study was obtained on 3/13/2014. The patient was documented to have a normal neurological examination other than reported subjective lateral leg numbness. There was no objective finding on examination of a sensory loss over a dermatomal distribution. There is no evidence of a nerve impingement radiculopathy on imaging studies. The neurological examination was documented as normal. There are no documented clinical changes or progressive neurological deficit since the previous Electrodiagnostic study to warrant a repeated study. The patient continues to complain of back pain. There were no demonstrated neurological deficits along a dermatomal distribution to the bilateral lower extremities (BLEs) that were reproducible on examination. The patient was not noted to have any changes in clinical status. The patient had some subjective complaints of radiculitis; however, there were no documented objective findings on examination to support medical necessity. There is no demonstrated medical necessity for a BLE electromyography (EMG) for the pain management of this patient. The request for the authorization of the EMG of the bilateral lower extremities was not supported with any objective clinical findings that would demonstrate a change in the neurological status of the patient or demonstrate neurological deficits in the lower extremities. There is no documented nerve impingement radiculopathy. There are no documented neurological findings that would suggest a nerve entrapment neuropathy in the clinical documentation to the BLEs. The motor and sensory examination was documented to be normal. There are no equivocal magnetic resonance imaging (MRI) findings demonstrating a possible nerve entrapment radiculopathy. The MRI was not assessed as equivocal to support the medical necessity of the Electrodiagnostic testing. There is no demonstrated medical necessity for the requested repeated EMG of the bilateral lower extremities.

Repeat Nerve Conduction Velocity of Bilateral Lower Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303; updated 4/7/08 page 62. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter EMG and NCS

Decision rationale: There is no objective evidence of any changes in the neurological status of the patient to warrant repeated electrodiagnostic studies after a prior normal study was obtained on 3/13/2014. The patient was documented to have a normal neurological examination other than reported subjective lateral leg numbness. There was no objective finding on examination of a sensory loss over a dermatomal distribution. There is no evidence of a nerve impingement radiculopathy on imaging studies. The neurological examination was documented as normal. There are no documented clinical changes or progressive neurological deficit since the previous

electrodiagnostic study to warrant a repeated study. The patient continues to complain of back pain. There were no demonstrated neurological deficits along a dermatomal distribution to the bilateral lower extremities (BLEs) that were reproducible on examination. The patient was not noted to have any changes in clinical status. The patient had some subjective complaints of radiculitis; however, there were no documented objective findings on examination to support medical necessity. There is no demonstrated medical necessity for a BLE nerve conduction velocity (NCV) studies for the pain management of this patient. The request for the authorization of the NCV of the bilateral lower extremities was not supported with any objective clinical findings that would demonstrate a change in the neurological status of the patient or demonstrate neurological deficits in the lower extremities. There is no documented nerve impingement radiculopathy. There are no documented neurological findings that would suggest a nerve entrapment neuropathy in the clinical documentation to the BLEs. The motor and sensory examination was documented to be normal. There are no equivocal magnetic resonance imaging (MRI) findings demonstrating a possible nerve entrapment radiculopathy. The MRI was not assessed as equivocal to support the medical necessity of the Electrodiagnostic testing. There is no demonstrated medical necessity for the requested repeated NCV of the bilateral lower extremities.