

Case Number:	CM14-0099382		
Date Assigned:	09/16/2014	Date of Injury:	01/20/2004
Decision Date:	10/15/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	06/27/2014

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:

The patient is a 47-year-old male who has submitted a claim for neuropathy associated with an industrial injury date of January 20, 2004. Medical records from 2014 were reviewed, which showed that the patient complained of chronic back pain, shoulder pain, seroma, knee pain and right wrist pain. An examination revealed decreased sensation in bilateral lower extremities and slow reflexes of bilateral lower extremities. There was no motor deficit. In 2008, electromyography (EMG)/nerve conduction velocity (NCV) of the bilateral lower extremities were negative for radiculopathy. Magnetic resonance imaging of the lumbar spine, dated 6/10/2014, demonstrated moderate to marked left-sided neural foraminal narrowing at left L4-L5 level. The treatment to date has included medications, epidural steroid injection, physical therapy and numerous surgeries. Utilization review from June 18, 2014 denied the request for EMG of the bilateral lower extremities because the examination documented was too vague, imprecise and incomplete in regard to an assessment for neuropathy and it is not clear if the examination has changed requiring repeating these studies.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG (Electromyography) Bilateral Lower Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain, Electrodiagnostic testing

Decision rationale: According to page 303 of California MTUS ACOEM Low Back Chapter, the guidelines support the use of electromyography (EMG) to identify subtle, focal neurologic dysfunction in patients with pain lasting more than three to four weeks. According to the ODG, EMG and NCS are generally accepted, well established and widely used for localizing the source of the neurological symptoms and establishing the diagnosis of focal nerve entrapments. In this case, the patient presented with subtle but not focal signs and symptoms of radiculopathy based from the provided records. Complaint was pain but there was no other symptom suggesting radiculopathy. Examination revealed decreased sensation in bilateral lower extremities and slow reflexes of bilateral lower extremities. A prior EMG in 2008 was done which was negative. It is unclear when this present complaint of pain started and there was no mention that new signs and symptoms appeared necessitating a repeat study. Moreover, MRI of the lumbar spine, dated 6/10/2014, demonstrated moderate to marked left-sided neural foraminal narrowing at left L4-L5 level. It is unclear how an electrodiagnostic study can affect treatment plans in this case. The necessity for an EMG has not been established due to inadequate characterization of the patient's signs and symptoms and lack of rationale to indicate a repeat study. Therefore, the request for EMG of the bilateral lower extremities is not medically indicated.