

Case Number:	CM15-0027951		
Date Assigned:	02/20/2015	Date of Injury:	04/19/2011
Decision Date:	04/02/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/13/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: New Jersey

Certification(s)/Specialty: Family Practice

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 (IW) is a 52 year old female who sustained an industrial injury on 04/19/2011. She has reported continuous low back pain radiating to both legs and rated as a 5-6/10 intensity. Activity aggravates the pain. Diagnoses include thoracic or lumbosacral neuritis or radiculitis, unspecified; and displacement of lumbar intervertebral disc without myelopathy. Treatments to date include epidural steroid injections, medications, electrode treatments, hot and cold treatments, and physical therapy. A progress note from the treating provider dated 01/05/2015 indicates the IW has decreased range of motion in the lumbar spine with a positive straight leg raise test. There was tenderness and hypertonicity of the right lumbar paraspinal muscles, and tenderness was noted on the left. Sensation was decreased on the right and normal in the left in the L4, L5, and S1 nerve root distributions. On 01/27/2015 Utilization Review non-certified a request for EMG Left Lower Extremity; non-certified a request for EMG Right Lower Extremity; non-certified a request for a NCV Right Lower Extremity; and non-certified a request for a NCV Left Lower Extremity. The ACOEM Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG Right Lower Extremity: 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): 303-305, Chronic Pain Treatment Guidelines.

Decision rationale: The MTUS ACOEM Guidelines state that for lower back complaints, nerve testing may be considered when the neurological examination is less clear for symptoms that last more than 3-4 weeks with conservative therapy. In the case of this worker, there was complaint of continued bilateral lower extremity pain, weakness, and tingling with physical findings showing clear signs of right-leg radiculopathy, but no signs at all of left-sided radiculopathy. The provider was interested in having updated tests, including EMG/NCV testing of the lower extremities as the last ones were more than two years prior. However, there was insufficient evidence that there was a significant change in the reported symptoms to help justify repeat testing. Also, there was no discussion found in the documentation which stated how the worker would be treated differently depending on the results, although a referral to a surgeon was recommended, which is reasonable. Allowing the surgeon to decide whether or not repeat testing is needed in order to more seriously consider surgery, is more reasonable, and only after reviewing all previous testing. Therefore, due to the clear objective evidence of right-sided radiculopathy and no significant change in symptoms reported, the right-sided EMG will be considered medically unnecessary.

EMG Left Lower Extremity: 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): 303-305.

Decision rationale: The MTUS ACOEM Guidelines state that for lower back complaints, nerve testing may be considered when the neurological examination is less clear for symptoms that last more than 3-4 weeks with conservative therapy. In the case of this worker, there was complaint of continued bilateral lower extremity pain, weakness, and tingling with physical findings showing clear signs of right-leg radiculopathy, but no signs at all of left-sided radiculopathy. The provider was interested in having updated tests, including EMG/NCV testing of the lower extremities as the last ones were more than two years prior. However, there was insufficient evidence that there was a significant change in the reported symptoms to help justify repeat testing. Also, there was no discussion found in the documentation which stated how the worker would be treated differently depending on the results, although a referral to a surgeon was recommended, which is reasonable. Allowing the surgeon to decide whether or not repeat testing is needed in order to more seriously consider surgery, is more reasonable, and only after reviewing all previous testing. Therefore, due to the lack of any objective physical evidence of left-sided radiculopathy from examination findings and no significant change in symptoms reported, the left-sided EMG will be considered medically unnecessary.

NCV Right Lower Extremity: 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): 303-305.

Decision rationale: The MTUS ACOEM Guidelines state that for lower back complaints, nerve testing may be considered when the neurological examination is less clear for symptoms that last more than 3-4 weeks with conservative therapy. In the case of this worker, there was complaint of continued bilateral lower extremity pain, weakness, and tingling with physical findings showing clear signs of right-leg radiculopathy, but no signs at all of left-sided radiculopathy. The provider was interested in having updated tests, including EMG/NCV testing of the lower extremities as the last ones were more than two years prior. However, there was insufficient evidence that there was a significant change in the reported symptoms to help justify repeat testing. Also, there was no discussion found in the documentation which stated how the worker would be treated differently depending on the results, although a referral to a surgeon was recommended, which is reasonable. Allowing the surgeon to decide whether or not repeat testing is needed in order to more seriously consider surgery, is more reasonable, and only after reviewing all previous testing. Therefore, due to the clear objective evidence of right-sided radiculopathy and no significant change in symptoms reported, the right-sided NCV will be considered medically unnecessary.

NCV Left Lower Extremity: 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): 303-305.

Decision rationale: The MTUS ACOEM Guidelines state that for lower back complaints, nerve testing may be considered when the neurological examination is less clear for symptoms that last more than 3-4 weeks with conservative therapy. In the case of this worker, there was complaint of continued bilateral lower extremity pain, weakness, and tingling with physical findings showing clear signs of right-leg radiculopathy, but no signs at all of left-sided radiculopathy. The provider was interested in having updated tests, including EMG/NCV testing of the lower extremities as the last ones were more than two years prior. However, there was insufficient evidence that there was a significant change in the reported symptoms to help justify repeat testing. Also, there was no discussion found in the documentation which stated how the worker would be treated differently depending on the results, although a referral to a surgeon was recommended, which is reasonable. Allowing the surgeon to decide whether or not repeat testing is needed in order to more seriously consider surgery, is more reasonable, and only after reviewing all previous testing. Therefore, due to the lack of any objective physical evidence of

left-sided radiculopathy from examination findings and no significant change in symptoms reported, the left-sided NCV will be considered medically unnecessary.