MAXIMUS Federal Services

Case Number:	CM15-0096340		
Date Assigned:	05/26/2015	Date of Injury:	07/25/2006
Decision Date:	06/26/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	05/19/2015

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: California
Certification(s)/Specialty: Emergency Medicine

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 is a 58-year-old male, who sustained an industrial injury on 7/25/2006. The medical records submitted for this review did not include the details regarding the initial injury. Diagnoses include lumbar annular tear and current disc protrusion at L4-5 and numbness/tingling over feet, possible lumbar radiculopathy. Treatments to date include physical therapy, home exercise, activity modification/back brace, and anti-inflammatory medications. Currently, he complained of a history of back pain with persistent burning pain in the feet. On 4/24/15, the physical examination documented subjective dysesthesias in a stocking-glove distribution, localized to the feet without radiating symptoms. A straight leg raise test was negative. The provider documented a previous nerve conduction study was normal. The electromyogram portion of the study had not been done. The provider documented concern to rule out peripheral neuropathy and peripheral entrapment. The plan of care included electromyogram and nerve conduction studies (EMG/NCS) of bilateral lower extremities for further evaluation to determine treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG of 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 Chapter.

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

Decision rationale: The requested EMG of left lower extremity is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 12, Low Back Complaints, page 303, Special Studies and Diagnostic and Treatment Considerations, note "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study." The injured worker has back pain with persistent burning pain in the feet. On 4/24/15, the physical examination documented subjective dysesthesias in a stocking-glove distribution, localized to the feet without radiating symptoms. A straight leg raise test was negative. The provider documented a previous nerve conduction study was normal. The treating physician has not documented physical exam findings indicative of nerve compromise such as a positive straight leg-raising test or deficits in dermatomal sensation, reflexes or muscle strength. The criteria noted above not having been met, EMG of left lower extremity is not medically necessary.

NCT of 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 Chapter.

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

Decision rationale: The requested NCT of left lower extremity is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 12, Low Back Complaints, page 303, Special Studies and Diagnostic and Treatment Considerations, note "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study." The injured worker has back pain with persistent burning pain in the feet. On 4/24/15, the physical examination documented subjective dysesthesias in a stocking-glove distribution, localized to the feet without radiating symptoms. A straight leg raise test was negative. The provider documented a previous nerve conduction study was normal. The treating physician has not documented physical exam findings indicative of nerve compromise such as a positive straight leg-raising test or deficits in dermatomal sensation, reflexes or muscle strength. The treating physician has not documented an acute clinical change

since the date of previous electro diagnostic testing. The criteria noted above not having been met, NCT of left lower extremity is not medically necessary.

NCT of 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 Chapter.

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

Decision rationale: The requested NCT of right lower extremity is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 12, Low Back Complaints, page 303, Special Studies and Diagnostic and Treatment Considerations, note "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study." The injured worker has back pain with persistent burning pain in the feet. On 4/24/15, the physical examination documented subjective dysesthesias in a stocking glove distribution, localized to the feet without radiating symptoms. A straight leg raise test was negative. The provider documented a previous nerve conduction study was normal. The treating physician has not documented physical exam findings indicative of nerve compromise such as a positive straight leg-raising test or deficits in dermatomal sensation, reflexes or muscle strength. The treating physician has not documented an acute clinical change since the date of previous electro diagnostic testing. The criteria noted above not having been met, NCT of right lower extremity is not medically necessary.

EMG of 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 Chapter.

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

Decision rationale: The requested NCT of right lower extremity is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 12, Low Back Complaints, page 303, Special Studies and Diagnostic and Treatment Considerations, note "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study." The injured worker has back pain with

persistent burning pain in the feet. On 4/24/15, the physical examination documented subjective dysesthesias in a stocking glove distribution, localized to the feet without radiating symptoms. A straight leg raise test was negative. The provider documented a previous nerve conduction study was normal. The treating physician has not documented physical exam findings indicative of nerve compromise such as a positive straight leg-raising test or deficits in dermatomal sensation, reflexes or muscle strength. The treating physician has not documented an acute clinical change since the date of previous electro diagnostic testing. The criteria noted above not having been met, NCT of right lower extremity is not medically necessary.