

Case Number:	CM15-0098497		
Date Assigned:	05/29/2015	Date of Injury:	02/18/2009
Decision Date:	07/09/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/21/2015

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: Physical Medicine & Rehabilitation

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 51-year-old female, who sustained an industrial injury on 02/18/2009. According to an Agreed Medical Examination dated 10/28/2014, following the injury, the injured worker reported pain in the left arm, lower back and right leg. She was diagnosed with lumbar spine sprain/strain, left arm contusion and right knee sprain/strain. Treatment to date has included medications, physical therapy, MRI of the right knee, neck, left wrist, lumbar spine and left shoulder, chiropractic care, electrodiagnostic studies of the upper extremities in 2010, lumbar epidural steroid injection, right knee surgery and spine surgery. According to an initial primary treating physician's report dated 02/09/2015, chief complaints included jaw pain associated with tightness mostly at night time, locking sensation in her jaw with teeth pain, frequent shortness of breath associated with chest pain, dizziness, loss of balance, occasional nausea, severe migraines, frequent headaches with associated nausea, vomiting, dizziness and loss of equilibrium, abdominal pain associated with diarrhea, constipation and nausea, frequent acid reflux, sexual dysfunction secondary to low back pain, insomnia, stress, depression, high blood pressure, diabetes, high cholesterol, neck pain with radiation into the shoulders, left greater than right, numbness in the hands and fingers, weakness of the upper extremities and hands, pain in both shoulders and both arms, pain in both wrists/hands associated with numbness, tingling and swelling of the hands and fingers, lower back pain that radiated into the legs down into the feet, numbness and tingling in both legs, bladder dysfunction, pain in the right knee, giving away of the knee and pain in both feet that radiated into the toes and was associated with numbness, tingling and swelling of the feet. Diagnoses included right knee meniscal tear, status post right knee arthroscopy, posttraumatic osteoarthritis of right knee, cervical and lumbar disc herniation, status post C5-6 anterior cervical discectomy and fusion on 12/20/2013, status post L4-5 and L5-S1 left microdiscectomy, bilateral carpal tunnel syndrome, status post left shoulder surgery and

multiple medical problems deferred. In regard to the cervical and lumbar spine, the provider noted that the injured worker had surgery, which had not helped her. He recommended a spine surgery consultation and updated diagnostic testing in the form of MRI scans of the lumbar and cervical spine with IV contrast and EMG/NCV (electromyography/nerve conduction velocity studies) of the bilateral upper and lower extremities. The treatment plan also included a series of five Supartz injections to the right knee and Kera-Tek analgesic gel. She was unable to take any oral medications because of her ulcers. Currently under review is the request for electromyography of the left lower extremity and right lower extremity and nerve conduction velocity of the left lower extremity and right lower extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) of the left lower extremity: Overturned

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 (updated 04/15/15) - Online version.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official disability guidelines, Low back chapter: Electrodiagnostic Studies.

Decision rationale: According to the 03/23/2015 report, this patient presents with a 7-8/10 lumbar spine pain, bilateral leg, and bilateral foot pain. The current request is for Electromyography (EMG) of the left lower extremity. The request for authorization is not included in the file for review. The patient's work status is to return to modified work on 03/23/2015 with restriction. Regarding electrodiagnostic studies of lower extremities, the ACOEM Guidelines page 303 allows for EMG studies with H-reflex test to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3-4 weeks. ODG guidelines have the following regarding EMG studies, "EMGs (electromyography) may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. " Review of the provided reports does not show any evidence of EMG being done in the past. In this case, the treating physician has requested for an EMG of the left lower extremities and the guidelines support this request it. The request is medically necessary.

Nerve conduction velocity (NCV) of the right lower extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back (updated 04/15/15) - Online version.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines, Low Back chapter: Nerve conduction studies.

Decision rationale: According to the 03/23/2015 report, this patient presents with a 7-8/10 lumbar spine pain, bilateral leg, and bilateral foot pain. The current request is for Nerve conduction velocity (NCV) of the right lower extremity. The request for authorization is not

included in the file for review. The patient's work status is to return to modified work on 03/23/2015 with restriction. Regarding Nerve conduction studies, ODG states, "Not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. " ODG for Electrodiagnostic studies (EDS) states NCS is "not recommended for low back conditions, and EMGs which are recommended as an option for low back. " Review of the provided reports does not show any evidence of NCV being done in the past. In this case, the treating physician documents that the patient has positive straight leg raise that with "radiation to the anterolateral thigh. " MRI of the lumbar spine on 07/18/2014 indicates that the patient has a mild disc bulge at L3-L4, retrolisthesis at L5-S1 level, and postsurgical change are noted at L4-L5 and L5-S1 levels. The requested NCV study of the right lower extremity is not supported by the guidelines as the patient's leg symptoms are presumed to be radicular. There are no other concerns raised by the treater, such as peripheral neuropathy. The request is not medically necessary.

NCV of the left lower extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back (updated 04/15/15) - Online version.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Low Back chapter: Nerve conduction studies.

Decision rationale: According to the 03/23/2015 report, this patient presents with a 7-8/10 lumbar spine pain, bilateral leg, and bilateral foot pain. The current request is for NCV of the left lower extremity. The request for authorization is not included in the file for review. The patient's work status is to return to modified work on 03/23/2015 with restriction. Regarding Nerve conduction studies, ODG states, "Not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. " ODG for Electrodiagnostic studies (EDS) states NCS is "not recommended for low back conditions, and EMGs which are recommended as an option for low back. " Review of the provided reports does not show any evidence of NCV being done in the past. In this case, the treating physician documents that the patient has positive straight leg raise that with "radiation to the anterolateral thigh. " MRI of the lumbar spine on 07/18/2014 indicates that the patient has a mild disc bulge at L3-L4, retrolisthesis at L5-S1 level, and postsurgical change are noted at L4-L5 and L5-S1 levels. The requested NCV study of the right lower extremity is not supported by the guidelines as the patient's leg symptoms are presumed to be radicular. There are no other concerns raised by the treater, such as peripheral neuropathy. The request is not medically necessary.

EMG of the right lower extremity: Overturned

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 (updated 04/15/15) - Online version.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official disability guidelines Low back chapter: Electrodiagnostic Studies.

Decision rationale: According to the 03/23/2015 report, this patient presents with a 7-8/10 lumbar spine pain, bilateral leg, and bilateral foot pain. The current request is for EMG of the right lower extremity. The request for authorization is not included in the file for review. The patient's work status is to return to modified work on 03/23/2015 with restriction. Regarding electrodiagnostic studies of lower extremities, the ACOEM Guidelines page 303 allows for EMG studies with H-reflex test to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3-4 weeks. ODG guidelines have the following regarding EMG studies, "EMGs (electromyography) may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious." Review of the provided reports does not show any evidence of EMG being done in the past. In this case, the patient presents with low back pain and bilateral lower extremity radicular symptoms and the requested EMG of the left leg is supported by the guidelines. The request is medically necessary.