

Case Number:	CM14-0102453		
Date Assigned:	07/30/2014	Date of Injury:	05/25/2000
Decision Date:	11/19/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	07/02/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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 injured worker is a 66-year-old individual with an original date of injury of May 25, 2000. The injured worker has complaints of right shoulder pain, right hand numbness and tingling, residual left hand parasthesias, low back pain radiating to the legs, and left foot weakness according to a follow-up note from orthopedics on June 12, 2014. The disputed issue is a request for electrodiagnostic studies for the lower extremity. A utilization review determination on June 20, 2014 had noncertified this request. The rationale for this denial was that there was no lumbar spine MRI or CT available.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV Lower Extremities: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: With regard to EMG/NCS of the lower extremities to evaluate for lumbar radiculopathy, Section 9792.23.5 of the California Code of Regulations, Title 8, page 6 adopts ACOEM Practice Guidelines Chapter 12. ACOEM Chapter 12 on page 303 states: "Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal

neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks." The update to ACOEM Chapter 12 Low Back Disorders on pages 60-61 further states: "The nerve conduction studies are usually normal in radiculopathy (except for motor nerve amplitude loss in muscles innervated by the involved nerve root in more severe radiculopathy and H-wave studies for unilateral S1 radiculopathy). Nerve conduction studies rule out other causes for lower limb symptoms (generalized peripheral neuropathy, peroneal compression neuropathy at the proximal fibular, etc.) that can mimic sciatica." In the case of this injured worker, a progress note on June 12, 2014 documents weakness at the left ankle including extensor hallucis longus. There is lumbar spasm and there is positive straight leg raise sign. These are indications of possible lumbar radiculitis. Electrodiagnostic studies are useful for identifying lumbar radiculopathy, and are very specific for this diagnosis. Therefore, this request is medically necessary. The utilization reviewer on this case had incorrect rationale in reasoning that this study is not recommended since there is no lumbar imaging available. In fact, the ACOEM guidelines on lumbar imaging state "further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study."