

Case Number:	CM14-0136447		
Date Assigned:	09/03/2014	Date of Injury:	02/20/2005
Decision Date:	12/24/2014	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	08/25/2014

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 & Rehabilitation, has a subspecialty in Neuromuscular Medicine, and is licensed to practice in Maryland. 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:

According to the records made available for review, the injured worker is a 45 year-old man with a date of injury of 02/20/2005. The result of the industrial injury was low back pain and bilateral lower extremity pain. Diagnoses include lumbar/lumbosacral spondylosis, spinal stenosis, post laminectomy/fusion syndrome, and isthmic spondylolisthesis. Treatments have included medications, physical therapy, epidural steroid injections, sacroiliac joint injections, selective nerve root blocks, and surgical interventions. The injured worker underwent total lumbar interbody fusion, L5-S1, on 01/24/2006, as well as a revision of instrumentation and fusion of L4-L5 and L5-S1 on 11/06/2007. The progress note dated 07/15/2014, documents that the injured worker has significant limitation in Activities of Daily Living (ADLs) and has worsening back and leg pain symptoms bilaterally. As per the treating physician, the injured worker is reported to have memory problems, sleep deprivation, and depression. This progress note lists medications to include ibuprofen, omeprazole, nortriptyline, and tizanidine. On 08/06/2014, a progress note from the treating provider documents mild left knee flexion weakness in isolation, positive FABER on the left, and sensory changes in the left thigh, entire calf and entire foot. Subjective findings at this time include back pain referring to the thighs, legs, and feet. On 08/06/2014, the injured worker was referred by the treating physician for lumbar PT and studies including Magnetic Resonance Imaging (MRI) and electromyogram/NCS. Results from the Magnetic Resonance Imaging (MRI) and EMG/NCS of the bilateral lower extremities, performed in 2012, were not available for review. Request is being made for EMG/NCV bilateral lower extremity. On 08/11/2014, Utilization Review non-certified a prescription for EMG/NCV bilateral lower extremity. The EMG/NCV bilateral lower extremity was non-certified based on the ACOEM Chapter on Low Back Disorders; section on Magnetic Resonance Imaging (MRI)

and section on Electromyography, noting that there are no objective clinical status changes to warrant the evaluations.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV Bilateral 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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic)-nerve conduction studies

Decision rationale: EMG/NCV Bilateral Lower Extremity is not medically necessary per the MTUS and the ODG Guidelines. The ODG states that Nerve conduction studies (NCS or NCV) are not recommended for low back conditions, and EMGs (Electromyography) which are recommended as an option for low back. The MTUS ACOEM guidelines state that when the neurologic examination is less clear further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. 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 documentation does not reveal findings suggestive of peripheral polyneuropathy or plexopathy. The patient has subjective complaints of radicular symptoms and nerve conduction studies are not recommended per guideline criteria for low back issues. The documentation is not clear on how EMG/NCV of the bilateral lower extremity would change the medical management of this patient. The request for EMG/NCV Bilateral Lower Extremity is not medically necessary.