

Case Number:	CM13-0044706		
Date Assigned:	12/27/2013	Date of Injury:	08/24/2011
Decision Date:	01/07/2015	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	10/31/2013

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 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:

The patient is a 52 year old male with a work injury dated 8/24/11. The diagnoses include lumbar spine strain; thoracic degenerative disc disease, lumbar degenerative disc disease, low back pain with L5-S1 stenosis; cervicothoracic spine strain with possible cervical radiculopathy; rule out internal derangement of the left knee-improved; depression, anxiety and sleep difficulty. Under consideration are requests for EMG of the bilateral lower extremities; NCV of the bilateral lower extremities; and one pain management referral. There is a 12/3/13 primary treating physician progress note that states that the patient pain in the lumbar spine 8-9/10 and knee 5/10 and cervical spine 7-8/10. Patient continues to have anxiety, depression and lack of sleep. On exam there is muscle spasm of the -trapezius musculature, muscle spasm. There is left knee tenderness along the anterior and medial aspect of the knee. The treatment plan includes continue Anaprox, Prilosec, Tramadol. An EMG/NCV of the bilateral upper and lower extremity were denied and MRIs of cervical/thoracic/left knee were denied. The 9/14/2013 progress report states that the patient has continued significant pain with pain in the low back radiating pain to both feet and the left knee. The patient rates his pain as 9-10. He complains of leg pain with numbness and weakness in the legs and feet. He denies any bowel/bladder dysfunction. Current medication is Tramadol. On physical examination there are mild muscle spasms of the lumbar spine. Motor, strength was rated 4/5 in the bilateral EHLs and 4/5 in the bilateral tibialis anterior muscles. Deep tendon reflexes of the bilateral lower extremities are 2+. There was notation of a positive straight leg raise bilaterally left greater than right. CT Scan of the lumbar spine dated 7/15/13 reveals bilateral L5 spondylosis and L5-S1 spondylolisthesis and bilateral neuroforaminal stenosis. The treatment plan included a referral for pain management evaluation for possible ESI, facet block or nerve root blocks. There was a request for an EMG/NCS of the BLE. 6/12/12

EMG/NCS of the bilateral lower extremities reveal peripheral polyneuropathy secondary to generalized/systemic progress.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG (electromyography) of bilateral lower extremities: Overturned

Claims Administrator 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 and Thoracic (Acute and Chronic), EMGs (electromyography)

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) Electrodiagnostic studies (EDS); Low Back - Lumbar & Thoracic (Acute & Chronic) Electrodiagnostic studies (EDS)

Decision rationale: EMG of the bilateral lower extremities is medically necessary per the MTUS and the ODG Guidelines. The MTUS states that 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 ODG states that nerve conduction studies (NCS) are not recommended for low back conditions, and EMGs (Electromyography) are recommended as an option for low back. The ODG states that 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. The low back pain with positive straight leg raise is suggestive for radiculopathy in the lower extremities. The documentation indicates that the patient has a history of peripheral polyneuropathy in the BLE as diagnosed on a 2012 EMG/NCV study. The documentation of intact reflexes is not typical in the setting of patient's history of peripheral polyneuropathy diagnosed in 2012. It would be worth repeating both the EMG and the NCV of the bilateral lower extremities to evaluate and confirm accuracy of prior Electrodiagnostic testing and to see whether the patient's symptoms are truly due to peripheral polyneuropathy or perhaps there is an underlying radiculopathy increasing the lower extremity symptoms. This would be helpful information for the patient's follow up appointment with a pain management specialist. The request for EMG is medically necessary.

1 Pain management referral: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Disorder Medical Treatment Guidelines, State of Colorado Department of Labor and Employment, 04/27/2007, pg. 56

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain- Office visits

Decision rationale: 1 Pain management referral is medically necessary per the MTUS ACOEM Guidelines and the ODG guidelines. The request is not asking for an injection but rather 1 referral. The MTUS guidelines state that referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery or has difficulty obtaining information or agreement to a treatment plan. The ODG states that the need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The request for a pain management referral is reasonable given the patient's significant low back pain.

NCV (nerve conduction velocity) of bilateral lower extremities: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic), Nerve Conduction Studies

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) Neck and Upper Back- Nerve Conduction Studies

Decision rationale: NCV of the bilateral lower extremities is extremities are medically necessary per the MTUS and the ODG Guidelines. The MTUS states that electromyography (EMG), including H-reflex tests (which are part of the NCV of the electrodiagnostic test), may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. The ODG states that nerve conduction studies are not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but recommended if the EMG is not clearly radiculopathy or clearly negative, or to differentiate radiculopathy from other neuropathies or non-neuropathic processes if other diagnoses may be likely based on the clinical exam. The low back pain with positive straight leg raise is suggestive for radiculopathy in the lower extremities. The documentation indicates that the patient has a history of peripheral polyneuropathy in the BLE as diagnosed on a 2012 EMG/NCV study. The documentation of intact reflexes is not typical in the setting of patient's history of peripheral polyneuropathy diagnosed in 2012. It would be worth repeating both the EMG and the NCV of the bilateral lower extremities to evaluate and confirm accuracy of prior Electrodiagnostic testing and to see whether the patient's symptoms are truly due to peripheral polyneuropathy or perhaps there is an underlying radiculopathy increasing the lower extremity symptoms. This would be helpful information for the patient's follow up appointment with a pain management specialist. The request for NCV is medically necessary.