

Case Number:	CM13-0009340		
Date Assigned:	11/27/2013	Date of Injury:	11/11/1985
Decision Date:	01/24/2014	UR Denial Date:	07/23/2013
Priority:	Standard	Application Received:	08/09/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine and Pulmonary Diseases 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 physician 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.

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 54-year-old female who reported an injury on 11/11/1985. The patient is currently diagnosed with lumbosacral radiculitis, postlaminectomy syndrome, lumbago, and degeneration of lumbar disc. The patient was recently seen by [REDACTED] on 10/15/2013. The patient reported 5/10 lower back and hip pain. Physical examination revealed tenderness over the left buttock and gluteal bursa, tenderness over the left sciatic notch, decreased sensation over the posterior left calf, and 5/5 strength. It is noted that the patient's electrodiagnostic studies obtained on 07/30/2013 indicated left L5 radiculopathy with moderate to severe active denervation. Treatment recommendations included continuation of current medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCV left lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation ODG, Low Back

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Nerve Conduction Study

Decision rationale: California MTUS/ACOEM Practice Guidelines state electromyography, including H-reflex test, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. Official Disability Guidelines state

nerve conduction studies are not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Electromyography is recommended as an option to obtain unequivocal evidence of radiculopathy, after 1 month of conservative therapy, but EMG is also unnecessary if radiculopathy is already clinically obvious. The patient presented to [REDACTED] on 06/20/2013 with complaints of lower back and hip pain. On physical examination, there was tenderness over the left buttock and sciatic notch as well as gluteal bursa. The patient also demonstrated positive Faber testing and decreased sensation over the medial dorsal of the left foot and medial calf. There was no evidence of neurologic dysfunction such as sensory, reflex or motor system changes. Although there was mention of decreased sensory to the medial dorsal left foot and calf, this is not defined regarding light touch or pinprick. The patient has a history significant for L4-5 fusion in 2010 and laminectomy in 1997 with lumbar surgery in 2012. There was no mention of findings on examination at the time of the surgery or change to findings from that time to the present. There is no discussion regarding peripheral neuropathy, and there is insufficient information provided to establish the medical necessity or rationale for the requested electrodiagnostic study. Therefore, the request is non-certified.

EMG left lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation ODG, Low Back

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Electromyography

Decision rationale: California MTUS/ACOEM Practice Guidelines state electromyography, including H-reflex test, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. Official Disability Guidelines state nerve conduction studies are not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Electromyography is recommended as an option to obtain unequivocal evidence of radiculopathy, after 1 month of conservative therapy, but EMG is also unnecessary if radiculopathy is already clinically obvious. The patient presented to [REDACTED] on 06/20/2013 with complaints of lower back and hip pain. On physical examination, there was tenderness over the left buttock and sciatic notch as well as gluteal bursa. The patient also demonstrated positive Faber testing and decreased sensation over the medial dorsal of the left foot and medial calf. There was no evidence of neurologic dysfunction such as sensory, reflex or motor system changes. Although there was mention of decreased sensory to the medial dorsal left foot and calf, this is not defined regarding light touch or pinprick. The patient has a history significant for L4-5 fusion in 2010 and laminectomy in 1997 with lumbar surgery in 2012. There was no mention of findings on examination at the time of the surgery or change to findings from that time to the present. There is no discussion regarding peripheral neuropathy, and there is insufficient information provided to establish the medical necessity or rationale for the requested electrodiagnostic study. Therefore, the request is non-certified.

