MAXIMUS Federal Services

Case Number:	CM13-0024678		
Date Assigned:	11/20/2013	Date of Injury:	06/08/2009
Decision Date:	02/03/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	09/16/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Nerve 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. 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:

This is a 45 year-old male delivery driver for [redacted] would was involved in a work-related accident on 6/8/09. He injured his lower back and reports radiating pain down the right leg. He is diagnosed with right L4/5 foraminal stenosis; and dynamic grade I spondylolisthesis at L3/4. On 8/21/13, the spinal surgeon, [redacted], reports 9/10 pain, that went to 2/10 after an ESI, but only lasted 2-days. The patient was limping and had 5-/5 strength in the right quadriceps. [redacted] notes a prior surgical decompression in 2007 and was wondering if it is resulting in recurrent stenosis. He requests the EMG/NCV lower extremities to assist in treatment planning.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Electromyography and Nerve Conduction study of the Bilateral Lower Extremities between 8/28/2013 and 10/12/2013: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: ACOEM guidelines state "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 8/30/13 report from [redacted] states the back pain was present since the work-related accident on 6/8/2009. [redacted] did not find the subtle quadriceps weakness that [redacted] identified 9-days earlier on his 8/21/13 report. The post-operative MRI from 5/13/08 and 10/14/10 show some stable scar tissue at the right L4/5 filling the right half of the neural canal. The 6/12/13 report from [redacted] notes the patient cannot sit or stand for too long, or the numbness increases in his toes and he has difficulty walking. The patient has back pain for over 4 years, and has paresthesia down the legs with certain movements. He has history of lumbar surgery, and abnormal post-operative MRIs. He meets ACOEM guidelines for EMG, and H-reflex (which is part of the NCV). The request is in accordance with ACOEM guidelines.