MAXIMUS Federal Services

Case Number:	CM13-0026403		
Date Assigned:	11/22/2013	Date of Injury:	04/06/2012
Decision Date:	01/15/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	09/18/2013

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 and Pain Management 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 male patient with a date of injury of April 6, 2012. A utilization review determination dated September 10, 2013 recommends noncertification of EMG of the right lower extremity, and EMG of the left lower extremity. Noncertification is recommended due to, "no further aggressive treatment is planned." A progress report dated October 2, 2013 identifies subjective complaints stating, "He continues to have low back pain with radiation into the right buttock and posterior right leg. He has numbness and tingling in the right leg as well. He reports feeling weakness in the right lower extremity with walking. He uses crutches to help with ambulation. He states that the leg will give out on him, so he needs support of the crutches. He spoke with his attorney regarding the denials for the lumbar epidural steroid injection and the lower extremity EMG. His attorney will contact the insurance regarding these denials." Objective examination identifies absent Achilles and patellar reflexes on the right and left legs. Sensation is decreased in the right L4 and S1, and left L5 dermatomes. Straight leg raise is positive on the right. Motor strength is reduced in extensor policis longus on the right. Diagnoses include, "lumbar disc displacement without myelopathy." Treatment plan states, "patient continues to have low back pain radiating down the right lower extremity. As you will recall, patient underwent transforaminal lumbar epidural steroid injection in August 2012 without benefit. Patient had surgical consult with [redacted] on October 5, 2012 and was found not to be a surgical candidate at that time and spinal cord stimulator trial was recommended. Patient's primary treating physician at that time was [redacted] who had requested spinal cord stimulator trial in November but this was never authorized. The patient has then been pursuing disc replacement surgery with [redacted] but is apparently no longer authorized to see [redacted] and has not followed up with him si

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG of the right lower extremities: 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, EMGs

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 Chapter, Electrodiagnostic Studies

Decision rationale: Regarding the request for EMG of the right lower extremity, Occupational Medicine Practice Guidelines state that when neurologic examination is unclear, physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. ODG states that EMGs are not necessary if radiculopathy is already clinically obvious. Within the documentation available for review, the requesting physician has identified objective examination findings supporting clinically obvious radiculopathy. The examination findings are supported by moderate neuroforaminal stenosis identified by MRI. Therefore, it is unclear how EMG would further clarify the clinical picture at this point. Additionally, it is unclear exactly what medical decision-making will be based upon the outcome of the requested EMG. The physician already feels confident in ordering a lumbar epidural steroid injection. He states the decision-making regarding spinal cord stimulator or intrathecal pump may be based upon the outcome of the EMG. However, neither of those procedures requires EMG findings to support their use. In the absence of clarity regarding his issues, the current request for EMG of the right lower extremity is not medically necessary.

EMG for the left lower extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back, EMGs

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 Chapter, Electrodiagnostic Studies

Decision rationale: Regarding the request for EMG of the left lower extremity, Occupational Medicine Practice Guidelines state that when neurologic examination is unclear, physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. ODG states that EMGs are not necessary if radiculopathy is already clinically obvious. Within the documentation available for review, the requesting physician has identified objective examination findings supporting clinically obvious radiculopathy. The examination findings are supported by moderate neuroforaminal stenosis identified by MRI. Therefore, it is unclear how EMG would further clarify the clinical picture at this point. Additionally, it is unclear exactly what medical decision-making will be based upon the outcome of the requested EMG. The physician already feels confident in ordering a lumbar epidural steroid injection. He states the

decision-making regarding spinal cord stimulator or intrathecal pump may be based upon the outcome of the EMG. However, neither of those procedures requires EMG findings to support their use. In the absence of clarity regarding his issues, the current request for EMG of the left lower extremity is not medically necessary.