

Case Number:	CM13-0029709		
Date Assigned:	12/27/2013	Date of Injury:	08/01/2007
Decision Date:	05/28/2014	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	09/27/2013

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 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 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 an employee of [REDACTED] and has submitted a claim for lumbar disc disease, lumbar radiculitis, and cervical disc disease associated with an industrial injury date of 08/01/2007. Treatment to date has included lumbar fusion at L4-5 on 09/20/2010, lumbar instrumentation block on 11/13/2012, repeat posterolateral fusion on 09/17/2013, massage therapy, physical therapy, spinal manipulation, chiropractic care, and medications such as Prilosec, Anaprox, Wellbutrin, Terocin, Somnacin, Laxacin, and Ultracet. Medical records from 2012 to 2013 were reviewed showing that patient complained of mild low back pain. Physical examination showed a well-healed surgical scar and there was diffused tenderness over his right knee. The range of motion cannot be examined due to postoperative status. Deep tendon reflexes were equal and symmetric and sensation was intact. The MRI of the lumbar spine, dated 05/06/2009, revealed multilevel disc bulging (L1 2-3mm, L2-3 3mm, and L4-5 3mm) with mildly reduced right foramen at L4-5 due to inferior disc bulging and endplate osteoarthritis ridging. An EMG of the lower extremities dated 05/18/2009 was normal. Electromyography dated 04/30/2012 showed electrodiagnostic evidence of chronic bilateral L5-S1 radiculopathy without acute denervation and a CT of the lumbar spine, dated 03/08/2012, documented transpedicular fusion of L4-L5 with associated postsurgical changes with interbody and posterolateral bridging bone formation; heterotopic bone formation in the left lateral recess at L4-L5, which seemed to be affecting the exiting nerve root.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR EMG BILATERAL LOWER EXTREMITIES:

Upheld

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

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

Decision rationale: According to page 303 of CA MTUS ACOEM Low Back Chapter, the guidelines support the use of electromyography (EMG) to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. In this case, the electromyography initially performed on 05/18/2009 revealed normal findings. However, since the patient had worsening low back pain, a repeat EMG was performed on 04/30/2012 revealing chronic bilateral L5-S1 radiculopathy without acute denervation. These findings subsequently resulted to patient undergoing lumbar instrumentation block and fusion. The medical necessity for EMG appears to be in concordance with the guidelines. However, the present request does not specify the date of service. The date should be clarified because the patient underwent two EMG testing in the past. Therefore, the retrospective request for EMG bilateral lower extremities is not medically necessary.

RETROSPECTIVE REQUEST FOR NCV BILATERAL LOWER EXTREMITIES:

Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 303.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: The California MTUS does not address NCS specifically. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Low Back chapter, Nerve conduction studies (NCS) was used instead. The Official Disability Guidelines state that the conduction studies are not recommended. There is minimal justification for performing nerve conduction studies when the patient is presumed to have symptoms on the basis of radiculopathy. In this case, the electrodiagnostic study initially performed on 05/18/2009 revealed normal findings. However, since the patient had worsening low back pain, a repeat test was performed on 04/30/2012 revealing chronic bilateral L5-S1 radiculopathy without acute denervation. These findings subsequently resulted to patient undergoing lumbar instrumentation block and fusion. The medical necessity for NCV appears to be in concordance with the guidelines. However, the present request does not specify the date of service. The date should be clarified because the patient underwent two EMG tests in the past. Therefore, the retrospective request for NCV bilateral lower extremities is not medically necessary.

