

Case Number:	CM13-0033001		
Date Assigned:	06/06/2014	Date of Injury:	08/17/2012
Decision Date:	07/12/2014	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	10/08/2013

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 Occupational Medicine 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 a 65-year-old male who was injured on 08/17/2012. The mechanism of injury is unknown. Prior treatment history has included Voltaren as needed and twenty-eight (28) physical therapy sessions. The patient underwent left-side hemilaminectomy at L4-L5 and L5-S1 with medial facetectomy at L4-L5, L5-S1 on the left side on 05/01/2013. Diagnostic studies reviewed include an MRI of the lumbar spine dated 08/21/2013 revealed 1) At L4-L5, there is a 5 mm right paracentral disc herniation with distal extrusion abutting the origin of the L5 nerve root and a 4 mm posterior right posterior and 3 mm left posterior lateral disc bulge resulting in a moderate right and mild left foraminal narrowing. There is disc space narrowing and anterior spurring; and 2) At L5-S1, there is a 4 mm central and bilateral paracentral disc bulge indenting the thecal sac and abutting the left S1 nerve root and a 4 mm right posterior lateral and 3.5 mm left posterior lateral disc bulge resulting in mild to moderate bilateral neuroforaminal narrowing. There is disc space narrowing, disc dessication and anterior spurring. A progress report dated 08/23/2013 reports that the patient had complaints of intermittent sharp pain in her low back which is worse with lying down and sitting along with stiffness. He reported numbness and tingling in the left leg with associated burning sensation in the back and left leg. He rated his pain level at 3-5/10. The objective findings on exam revealed tenderness at the left posterior spine and left paravertebral muscles. He had a decrease in range of motion. There was absent ankle jerks on the left side and absent knee jerk on the right side. The straight leg raise test was 60 bilaterally. The diagnosis is disc herniation of the lumbar spine. A secondary treating physician follow-up report dated 08/22/2013 indicated that the patient complained of continued pain in his lower back and left foot as well as left ankle. There were no objective findings for review. The treatment and plan included a follow-up in six (6) months. A request for

authorization (RFA) dated 08/27/2013, documents a request for twenty-four (24) visits of chiropractic treatment and electromyography/nerve conduction velocity (EMG/NCV).

IMR ISSUES, DECISIONS AND RATIONALES

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

ELECTROMYOGRAPHY (EMG) OF THE BILATERAL LOWER EXTREMITIES:

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, ODG-TWC, 2013, Low Back Guidelines; and the AMA Guides.

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 - Lumbar & Thoracic, Electromyography.

Decision rationale: The MTUS/ACOEM Guidelines and the Official Disability Guidelines indicate that electromyography may be useful to obtain unequivocal evidence of radiculopathy, but is not necessary if radiculopathy is already clinically obvious. This is a request for an electromyography (EMG) of the bilateral lower extremities for a 64-year-old male, with chronic low back pain and radiculopathy attributed to an injury on 8/17/12. The patient underwent an L4-S1 hemilaminectomy and facetectomy on the left side on 5/1/13. A progress note of 7/26/13, indicates that the patient's symptoms worsened three (3) weeks prior. He is currently doing better with physical therapy, has symptoms similar to before surgery, but less pain. A repeat MRI is performed on 8/21/13 and notes L5 and S1 nerve abutment, but no significant change from prior study of 9/25/12 except for surgical change. An 8/23/13 progress notes sharp pain, numbness, tingling, burning of the left leg, which appear to be chronic symptoms. No clear examination findings of radiculopathy are noted. An electromyography/nerve conduction study (EMG/NCS) of the bilateral lower extremities is requested. An 8/22/13 follow-up note by the patient's spine surgeon, mentioned that an 8/21/13 MRI has been reviewed. There is no mention of the need for EMG/NCS. The medical necessity for an EMG/NCS of the bilateral lower extremities is not established. While there is documentation of symptomatic worsening, symptoms are equal to or less than those prior to surgery. There is no documentation of new findings on examination. Repeat MRI is unchanged. The patient's spine surgeon apparently did not feel EMG/NCS was necessary. Radiculopathy is already clinically obvious. The request is not medically necessary.

NERVE CONDUCTION VELOCITY (NCV) OF THE BILATERAL LOWER EXTREMITIES: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, ODG-TWC, 2013, Low Back Guidelines; and the AMA Guides.

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 - Lumbar & Thoracic, Nerve Conduction Studies.

Decision rationale: The Official Disability Guidelines indicate that 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. This is a request for nerve conduction velocities of the bilateral lower extremities for a 64-year-old male, with chronic low back pain and radiculopathy attributed to an injury on 8/17/12. The patient underwent an L4-S1 hemilaminectomy and facetectomy on the left side on 5/1/13. A progress note of 7/26/13, indicates that the patient's symptoms worsened three (3) weeks prior. He is currently doing better with physical therapy, has symptoms similar to before surgery, but less pain. A repeat MRI is performed on 8/21/13 and notes L5 and S1 nerve abutment, but no significant change from prior study of 9/25/12 except for surgical change. An 8/22/13 follow-up note by the patient's spine surgeon, mentioned that an 8/21/13 MRI has been reviewed. There is no mention of the need for EMG/NCS. The medical necessity for an EMG/NCS of the bilateral lower extremities is not established. While there is documentation of symptomatic worsening, symptoms are equal to or less than those prior to surgery. There is no documentation of new findings on examination. Repeat MRI is unchanged. The patient's spine surgeon apparently did not feel EMG/NCS was necessary. Radiculopathy is already clinically obvious. Nerve conduction Study (NCS) is not recommended.