MAXIMUS Federal Services

Case Number:	CM13-0033032		
Date Assigned:	12/06/2013	Date of Injury:	03/15/2001
Decision Date:	01/13/2014	UR Denial Date:	09/26/2013
Priority:	Standard	Application Received:	10/08/2013

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 Orthopedic Surgery, 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:

The injured worker sustained an injury to the low back in a work related accident March 13, 2001. The medical records provided for review include a progress report dated October 10, 2013 when he saw [redacted] orthopedic surgeon, with chief complaints of severe back pain with radiating leg pain. Physical examination findings on that date revealed difficulty walking with well-healed lumbar incision, restricted range of motion, positive bilateral straight leg raise and use of a cane for ambulation. Motor strength was 5/5 to the bilateral lower extremities with equal and symmetrical reflexes. The injured worker's diagnosis was status post lumbar fusion with grade I retrolisthesis at L3-4. Recommended at that time were lumbar epidural steroid injections, as well as EMG/nerve conduction studies to the lower extremities. Postoperative imaging for review includes an MRI report dated July 31, 2013 that showed prior interbody fusion at L4-5 and L5-S1, while the L3-4 level had a broad based disc protrusion, impingement upon the exiting L3 nerve roots and lateral recess narrowing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) left lower extremiy: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Electrodiagnostic testing.

Decision rationale: The claimant continues to be symptomatic following fusion procedure with positive tension sign and straight leg raising, and no advancement with conservative measures. The role of electrodiagnostic studies to support or refute an acute radicular process would appear to be medically necessary.

Nerve conduction study (NCS) left lower extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Electrodiagnostic testing.

Decision rationale: Based on California ACOEM Guidelines, the role of nerve conduction velocities of the lower extremities also would be supported in conjunction with EMG testing. The role of nerve conduction studies would be warranted to confirm or refute postoperative radicular process based on the claimant's ambulatory difficulties, formal physical examination findings and subjective complaints of continued leg pain.