

Case Number:	CM13-0035108		
Date Assigned:	12/13/2013	Date of Injury:	06/06/2009
Decision Date:	01/29/2014	UR Denial Date:	09/27/2013
Priority:	Expedited	Application Received:	10/17/2013

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 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 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 patient is a 41-year-old female with date of injury 06/06/2009. There are conflicting histories as to the mechanism of injury, but she apparently injured her low back while unloading material from a pallet. The request is for authorization of EMG/NCS of bilateral lower extremities. The patient's most current diagnoses are as follows: 1. Status post laser disc surgery, posterior approach; 2. Status post L5-S1 disc replacement surgery, anterior approach; 3. Mild to moderate chronic lumbago bilateral sciatic radiculopathy. Over the course of the last 2 years, the patient has received the bulk of her treatment from the orthopedist [REDACTED], and pain specialist [REDACTED]. Throughout 2012 [REDACTED] and [REDACTED] notes reflect objective findings indicating left L5 radiculopathy. The patient had reported left leg pain radiating into the left big toe and examination consistently showed sensory loss in the left L5 dermatome with occasionally some weakness demonstrated in the left extensor hallucis longus muscle. [REDACTED] saw her for reexamination on 03/21/2013 and 04/18/2013 which showed a normal neurologic examination and normal reflexes in the lower extremities, respectively. The most recent evaluation of the patient is by Board Certified neurosurgeon, [REDACTED] on 10/07/2013. His examination found motor strength 5/5 throughout, no evidence of muscle atrophy or weakness of the lower extremities, sensation to light touch and dull pinprick over the right lower calf and foot decreased by approximately 10% when compared to the left leg, and pinprick and light touch differentiation normal bilaterally. Reflexes in the lower extremities were 1+ in the patella and Achilles tendons bilaterally. He references an MRI of the lumbar spine performed on 05/11/2013. The impression stated, orthopedic hardware noted at L5-S1 level compatible with known surgical history, no evidence of postoperative epidural scar formation, also straightening of the lumbar spine lordosis is noted. No evidence of disc herniation from L1

to through L5-S1 levels. In addition flexor and extension MRI showed restricted range of motion. Vertebral height and spinal alignment were normal.

IMR ISSUES, DECISIONS AND RATIONALES

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

URGENT EMG left lower extremity: 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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation on Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Electrodiagnostic studies (EDS).

Decision rationale: As cited above in the Official Disability Guidelines, Low Back Section, EDX testing should be medically indicated. [REDACTED] examination shows no evidence of lumbar radiculopathy. The patient's motor, sensory, and reflex exams are all normal. In addition, [REDACTED] and [REDACTED] have both documented essentially normal neurologic examinations of the patient's lower extremities over the course of the last year. The most recent MRI of the lumbar spine done in May of 2013, documented in [REDACTED] consultation report, shows no evidence of lumbar spinal stenosis. EMG of the left lower extremity is not medically necessary at this time.

URGENT NCV left lower extremity: 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, NCS

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Electrodiagnostic studies (EDS).

Decision rationale: As cited above in the Official Disability Guidelines, Low Back Section, EDX testing should be medically indicated. [REDACTED] examination shows no evidence of lumbar radiculopathy. The patient's motor, sensory, and reflex exams are all normal. In addition, [REDACTED] and [REDACTED] have both documented essentially normal neurologic examinations of the patient's lower extremities over the course of the last year. The most recent MRI of the lumbar spine done in May of 2013, documented in [REDACTED] consultation report, shows no evidence of lumbar spinal stenosis. NCS of the left lower extremity is not medically necessary at this time.

URGENT NCV right lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 308-310.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Electrodiagnostic studies (EDS)

Decision rationale: As cited above in the Official Disability Guidelines, Low Back Section, EDX testing should be medically indicated. [REDACTED] exam shows no evidence of lumbar radiculopathy. The patient's motor, sensory, and reflex exams are all normal. In addition, [REDACTED] and [REDACTED] both documented essentially normal neurologic examinations of the patient's lower extremities over the course of the last year. The most recent MRI of the lumbar spine done in May of 2013, documented in [REDACTED] consultation report, shows no evidence of lumbar spinal stenosis. NCS of the right lower extremity is not medically necessary at this time.

URGENT EMG right lower extremity: 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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Electrodiagnostic studies (EDS).

Decision rationale: As cited above in the Official Disability Guidelines, Low Back Section, EDX testing should be medically indicated. [REDACTED] exam shows no evidence of lumbar radiculopathy. The patient's motor, sensory, and reflex exams are all normal. In addition, [REDACTED] and [REDACTED] both documented essentially normal neurologic examinations of the patient's lower extremities over the course of the last year. The most recent MRI of the lumbar spine done in May of 2013, documented in [REDACTED] consultation report, shows no evidence of lumbar spinal stenosis. EMG of the right lower extremity is not medically necessary at this time.