

Case Number:	CM13-0035372		
Date Assigned:	02/03/2014	Date of Injury:	03/13/2013
Decision Date:	05/23/2014	UR Denial Date:	09/26/2013
Priority:	Standard	Application Received:	10/17/2013

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 a 48 year old male who was injured on 03/13/2013. The patient injured his low back due to repetitive lifting and bending. Diagnostic studies reviewed include MRI of the lumbar spine dated 05/06/2013 revealed a 4-5 mm central disc extrusion at L4-L5 with mild inferior subligamentous migration along the L5 vertebral body, contributing to severe left and moderate right lateral recess narrowing. PR2 dated 11/14/2013 indicated the patient presented with complaints of constant severe low back pain, stiffness and weakness. The patient had increased range of motion with physical therapy 11/12 sessions completed. On examination, there were trigger points of paraspinals present at the lumbar spine and decreased sensation of bilateral lower extremities (patchy distribution). There was +3 tenderness to palpation of the lumbar paravertebral muscles. On orthopedic testing, Kemp's test was positive bilaterally and straight leg raise was positive on the left. The patient was diagnosed with lumbar disc protrusion, lumbar myospasm, lumbar radiculopathy, and lumbar sprain/strain. PR2 dated 07/03/2013 reported the lumbar spine examination revealed tenderness to palpation in the left paraspinal muscles. His straight leg raise was positive on the right causing pain into the left buttock, down the leg as well as positive on the left causing pain down the leg consistent with a disc herniation. His motor strength examination of the lower extremities demonstrated 5/5 bilaterally except for the left extensor hallucis longus which was 4+/5. His sensation was intact. The deep tendon reflexes were symmetric. The patient was diagnosed with left lower extremity radiculopathy

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 EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

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, Electrodiagnostic studies (EDS).

Decision rationale: California MTUS/ACOEM guidelines state, "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study". The guidelines also state an EMG study is not necessary when radiculopathy is clinically obvious. In the case of this patient, a lumbar MRI has already been obtained on 05/06/2013, which revealed a 4-5 mm central disc extrusion at L4-L5 with mild inferior subligamentous migration along the L5 vertebral body, contributing to severe left and moderate right lateral recess narrowing. The medical records do not document a recent thorough neurologic examination of the patient's bilateral lower extremities. According to the 07/03/2013 PR-2, examination demonstrated 5/5 bilaterally except for the left extensor hallucis longus which was 4+/5. The medical records do not provide a valid rationale for submitting the patient to this electrodiagnostic study at this point. It is reasonable that radiculopathy and the presence of surgical lesion have already been established. The medical records do not indicate how the results of the study would alter the patient's course of care. The medical necessity for EMG of the right lower extremity has not been established.

NCS OF THE RIGHT LOWER EXTREMITY: Upheld

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

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, Nerve Conduction Studies (NCS).

Decision rationale: The ODG and California MTUS guidelines suggest EMG may be useful for evaluation of subtle focal neurologic dysfunction in patients with low back symptoms, not an NCS. According to the Official Disability Guidelines, there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. The medical records do not document a viable clinical rationale as to establish the medical necessity of this request, which is not recommended under by the evidence-based guidelines. The request of NCS of the right lower extremity is not medically necessary.

