MAXIMUS Federal Services

Case Number:	CM13-0036810		
Date Assigned:	12/13/2013	Date of Injury:	12/22/2009
Decision Date:	02/10/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	10/22/2013

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 Physical Medicine and Rehabiliation, has a subspecialty in Pain Management, 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:

This is a male patient with a date of injury of 12/22/09. A progress report dated 8/22/13 identifies subjective complaints including "increased radiating pain, numbness and tingling." Objective examination findings identify "markedly positive straight leg raise testing." Diagnoses include "S/P L/S fusion." The treatment plan includes a "repeat MRI of the lumbar spine...repeat EMG and nerve conduction studies." A lumbar spine MRI report dated 10/2/13 states that, at L5-S1, there is evidence of prior left laminotomy with scar tissue in the left lateral recess on the left S1 nerve root. There is a re-demonstrated small 2mm diffuse disc bulge with mild increased signal intensity in the left paracentral portion, which may be related to postoperative changes or small annular fissure. These findings result in mild left-sided neuroforaminal stenosis, minimally increased compared to prior examination. There is no right-sided neuroforaminal stenosis or spinal canal stenosis. Nor is there significant spinal canal stenosis in the lumbar spine or new focal disc protrusion or extrusion compared to prior exam.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for an EMG of the lumbar spine and the 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: The California MTUS notes that electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. Within the documentation available for review, there are nonspecific complaints of increased radiating pain, numbness and tingling, and objective examination findings of positive straight leg raise testing. The provider recommended both an MRI and EMG/NCS testing. An MRI was subsequently performed; it identified evidence of prior left laminotomy with scar tissue in the left lateral recess on the left S1 nerve root. The provider does not document any specific symptoms/findings suggestive of focal neurologic dysfunction at any other nerve root such that additional diagnostic testing beyond the MRI would be needed. In the absence of such documentation, the currently requested EMG of the lumbar spine and the bilateral lower extremities is not medically necessary.

The request for NCS of the lumbar spine and the bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints 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.

Decision rationale: The California MTUS does not specifically address the issue at hand; however, the Official Disability Guidelines note that there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Within the documentation available for review, there are no symptoms/findings suggestive of peripheral neuropathy, or any other indications for the use of nerve conduction testing. In the absence of such documentation, the currently requested NCS of the lumbar spine and both lower extremities is not medically necessary.