

Case Number:	CM13-0039591		
Date Assigned:	12/20/2013	Date of Injury:	01/04/2011
Decision Date:	02/28/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/07/2013

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 Anesthesiology has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 claimant is a 53 year old male presenting with low back pain following a work related injury on 1/4/2011. The claimant reported low back pain radiating into both legs with loss of sensation to void. The physical exam was significant for lumbar tenderness and spasm, 1-2+ lower extremity deep tendon reflexes symmetric bilaterally, unspecified weakness of the great toe extensors and tibialis anterior bilaterally, bilateral feet hypesthesia. MRI of the Lumbar spine was significant for L2-S1 disc bulges and facet arthrosis. The claimant tried physical therapy, chiropractor care, trigger point injections implanted spinal cord stimulator and medications. According to the medical records the claimant had a previous EMG/NCV that revealed L5 radiculopathy. A claim was made for EMG/NCV bilateral lower extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV of bilateral lower extremities (lumbar spine): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low Back Chapter

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 Pain, Diagnostic Consideration.

Decision rationale: EMG/NCS of bilateral lower extremities (lumbar Spine) is not medically necessary. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computer tomography [CT] for bony structures). 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. The enrollee has chronic radiculitis confirmed by physical exam, MRI, and a previous EMG/NCV. There is no indication to repeat another study; therefore the request is not medically necessary.