

Case Number:	CM13-0041587		
Date Assigned:	12/20/2013	Date of Injury:	11/10/2000
Decision Date:	08/07/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	10/29/2013

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 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 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 claimant is a 57-year-old injured on November 10, 2000, while working on a car. The records for review document that the claimant underwent multiple prior knee arthroscopies, a total knee replacement, three microdiscectomies, multiple fusion procedures and hardware removal. Specifically, the claimant's treatment history includes: a 2006 fusion of levels T1 through S1; removal of hardware from the thoracic and lumbar spines in 2011 due to infection; and compression deformities at levels at multiple levels. An August 26, 2013, EMG/NCV study showed evidence of chronic, bilateral radiculopathy at level L4-5 and distal symmetric polyneuropathy affecting the bilateral lower extremities. No electrodiagnostic evidence of focal nerve entrapment, cervical radiculopathy or peripheral neuropathy affecting the upper limbs was noted. The report of a November 13, 2013, CT scan of the lumbar spine showed extensive postoperative changes with interval removal of hardware and compression deformity, most severe at level T12. Anterolisthesis, retrolisthesis, retropulsion and neuroforaminal narrowing were also found at numerous other levels of the lumbar and thoracic spine and in varying degrees of severity. The report of a December 19, 2013, MRI scan of the thoracic spine showed multilevel degenerative disc disease with compression deformities. Some marrow edema was noted on level L1, and a level T8-9 protrusion with mild canal stenosis was documented. The report of a December 19, 2013, a lumbar spine MRI scan showed extensive postoperative changes with multiple compression deformities and abnormalities at various other levels, consistent with the CT scan findings. At the January 10, 2014, office visit, the claimant reported neck and back pain, persistent numbness in both feet and diminished activity level. Physical examination showed decreased lumbar lordosis and increased thoracic kyphosis. The note states that the claimant was compensating anterior in the sagittal plane. Increased pain was noted with range of motion testing of the cervical and lumbar spine, along with decreased sensation to levels

C5-7 dermatomes on the right and levels L4-S1 dermatomes on the left. Deltoid, biceps, internal rotators and external rotators were noted to be 5- out of 5 strength. Tibialis anterior, extensor hallucis longus, inversion and eversion, and plantar flexors were to have 4+/5 strength on the left. This request is for a thoracic spine CT scan, a lumbar spine CT scan, EMG testing and NCV testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) of the bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

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

Decision rationale: California MTUS/ACOEM and Official Disability Guidelines would not support the need for repeat EMG testing in this case. The reviewed records include August 26, 2013, electrodiagnostic testing that ruled out pathology of both the upper and lower extremities. There is no documentation of new or worsening neurologic symptoms, complaints or abnormal physical examination findings that would trigger the need for a repeat study. For that reason, the request for an EMG of the bilateral upper extremities is not medically necessary or appropriate.

Nerve Conduction Study (NCS) of the bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 178.

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

Decision rationale: California MTUS/ACOEM and Official Disability Guidelines also would not support the need for repeat NCV testing in this case. The reviewed records include August 26, 2013, electrodiagnostic testing that ruled out pathology of both the upper and lower extremities. There is no documentation of new or worsening neurologic symptoms, complaints or abnormal physical examination findings that would trigger the need for a repeat study. For that reason, the request for an NCV of the bilateral upper extremities is not medically necessary or appropriate.