

Case Number:	CM13-0052004		
Date Assigned:	06/11/2014	Date of Injury:	05/05/2008
Decision Date:	07/14/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	11/15/2013

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 Occupational Medicine, and is licensed to practice in Texas. 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 injured worker is a 70 year old male who reported an injury to his low back and legs 05/05/08. The MRI of the lumbar spine dated 02/17/12 revealed disc desiccation at L1-2 and L5-S1. A disc extrusion was identified at L2-3 and L3-4. A diffused disc protrusion with an annular tear was identified at L4-5. Grade 1 retrolisthesis was identified of L2 over L3, L3 over L4, L4 over L5, and L5 over S1. The clinical note dated 12/23/13 indicates the initial injury occurred in 2008 when the injured worker was lifting objects. There is an indication the injured worker is continuing with findings consistent with radiculopathy that has been diagnosed as severe. There is also an indication the injured worker underwent physical therapy which did provide some relief. Upon exam, the injured worker was able to demonstrate 10 degrees of lumbar flexion, 0 degrees of extension, and 5 degrees of right lateral flexion. The injured worker was unable to perform any rotation whatsoever. Decreased sensation was identified in both lower extremities in the L5 and S1 distributions. The agreed medical evaluation dated 02/12/14 indicates the injured worker complaining of 6-10/10 pain in the lumbar region. The injured worker described the pain as a constant burning, numbing, and tingling sensation in the left buttocks and thigh all the way to the foot. The injured worker rated the pain as 6-10/10. The injured worker also reported urinary incontinence as well as fecal incontinence. The independent medical review dated 02/10/14 indicates the injured worker having previously undergone an EMG/NCV study in June of 2013 which revealed a moderate chronic L4, L5, and S1 radiculopathy on the left. The note indicates the injured worker having previously undergone 6 epidural injections with no significant benefit.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Electromyography.

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 Chapter, Nerve conduction studies (NCS).

Decision rationale: The request for electrodiagnostic (EMG/NCV) studies of the lower extremities is not medically necessary. The documentation indicates the injured worker having previously undergone electrodiagnostic studies which revealed an L4, L5, and S1 radiculopathy. Repeat studies would be indicated provided the injured worker meets specific criteria to include the development of additional radiculopathy outside of the previously diagnosed distributions. No information was submitted regarding the injured worker's newer radiculopathy findings outside of the L4, L5, and S1 distributions. Therefore, the requested repeat EMG/NCV studies are not fully indicated at this time. The request for EMG/NCS is not medically necessary and appropriate.