

Case Number:	CM13-0052269		
Date Assigned:	12/27/2013	Date of Injury:	02/03/2011
Decision Date:	05/08/2014	UR Denial Date:	10/31/2013
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 Family Practice 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 injured worker is a 31-year-old female with a date of injury of 02/03/2011. The mode of injury was not noted in the documentation. The diagnosis is status post a remote lumbar decompression at L5-S1 and protrusion at L5-S1 with radiculopathy. The injured worker was seen on 09/30/2013 for a followup consultation with complaints of low back pain with left lower extremity symptoms. The injured worker noted that pain was a 6/10. The injured worker recalled a lumbar surgery in 06/2012 with initial improvement; however, now the condition is worsening. The injured worker did state that medication does facilitate greater function and greater activities of daily living. Activities of daily living maintained with medication administration included grooming, grocery shopping and very simple and essential household duties. The physician did note greater adherence to physical methods, which are encouraged, as well as improved range of motion and a decrease in the level of pain with medication. Objective findings on examination by the physician were tenderness to the lumbar spine as well as lumbar range of motion with flexion of 60 degrees, extension 50 degrees, left and right lateral tilt 50 degrees and left rotation 40 degrees. The lower extremity neurology exam noted diminished sensation in a dermatomal distribution consistent with left L4, L5, and S1 as well as a straight leg raise that was positive on the left for pain to the foot at 25 degrees. The physician did indicate spasms of the lumboparaspinal musculature were less pronounced. As part of the discussion/plan, the physician noted to continue with the LSO; pain management was discussed.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG LEFT LOWER EXTREMITY: Upheld

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

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

Decision rationale: The California MTUS/ACOEM guidelines states an EMG may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks but special studies are generally not recommended without an adequate trial of conservative care. On the 09/30/2013 office note, under the objective findings by the physician, it was noted that there was diminished sensation in a dermatomal distribution consistent with left L4, L5, and S1 as well as a straight leg raise that was positive on the left for pain to the foot at 25 degrees. Also diagnosed was his protrusion at L5-S1 with radiculopathy. Electrodiagnostic studies are recommended when the neurological examination is less clear and given the patient is noted to have neurological findings in specific dermatomal distribution that is corroborated by imaging; it would not be supported by guidelines. The request for an EMG of the left extremity is not medically necessary and appropriate.

EMG RIGHT LOWER EXTREMITY: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM.

Decision rationale: The California MTUS/ACOEM guidelines states an EMG may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks but special studies are generally not recommended without an adequate trial of conservative care. On the office note of 09/30/2013, under objective findings, the physician did not address any signs, symptoms or issues with the right lower extremity at this point. The request for EMG of the right lower extremity is not medically necessary and appropriate.

NCV RIGHT LOWER EXTREMITY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, CHAPTER 12, LOW BACK COMPLAINTS,

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, NERVE CONDUCTION STUDIES (NCS).

Decision rationale: The Official Disability Guidelines does not recommend nerve conduction studies. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. The documentatopm provided on 09/30/2013 states a diagnosis of a protrusion at L5-S1 with radiculopathy. It also noted diminished sensation in a dermatomal distribution consistent with L4-5 and S1. Straight leg was positive on the left side for pain to the foot at 25 degrees. There was a lack of objective neurological deficits on examination in the right lower extremity to support the necessity of electrodiagnostic testing. Based on the information above, the request for a NCV of the right lower extremity is not medically necessary and appropriate.

NCV LEFT LOWER EXTREMITY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, CHAPTER 12, LOW BACK COMPLAINTS,

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, NERVE CONDUCTION STUDIES (NCS).

Decision rationale: The Official Disability Guidelines does not recommend nerve conduction studies. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. The documentatopm provided on 09/30/2013 states a diagnosis of a protrusion at L5-S1 with radiculopathy. It also noted diminished sensation in a dermatomal distribution consistent with L4-5 and S1. Straight leg was positive on the left side for pain to the foot at 25 degrees. Based on the information above, the request for a NCV of the left lower extremity is not medically necessary and appropriate.