

Case Number:	CM13-0059178		
Date Assigned:	12/30/2013	Date of Injury:	05/28/2009
Decision Date:	04/30/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	12/01/2013

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 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:

Patient is a 62 year old male with date of injury 5/28/2009. The most current medical report, a primary treating physician's progress report, dated 11/04/2013, lists subjective complaints as chronic low back pain, more acute on the left side, radiating down the lower extremities bilaterally. Objective findings: An examination of the lumbar spine revealed moderate tenderness to palpation, decreased range of motion with much pain and bilateral weakness to the lower extremities. Patient underwent an MRI of the lumbar spine in 11/21/2012, which revealed prominent disc protrusion at L5-S1 with accompanying moderate canal stenosis. Diagnosis: 1. Lumbar radiculopathy 2. L5-S1 disc herniation 3. Weakness to the lower extremities 4. Depression and anxiety.

IMR ISSUES, DECISIONS AND RATIONALES

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

ELECTROMYOGRAM (EMG) OF THE LUMBAR SPINE / LEFT 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: According to the ACOEM Guidelines, EMG studies of the lower extremities are recommended only when attempting to detect subtle, focal neurologic dysfunction. The patient has clinically obvious lumbar radiculopathy and nerve root compression has been confirmed by a lumbar MRI previously. EMG studies of the left lower extremity are not medically necessary.

NERVE CONDUCTION STUDY (NCS) OF THE LUMBAR SPINE / LEFT 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 (ODG)

Decision rationale: According to the Official Disability Guidelines, nerve conduction studies are not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy. Nerve conduction studies of the left lower extremity are not medically necessary.