

Case Number:	CM13-0059760		
Date Assigned:	12/30/2013	Date of Injury:	04/12/2012
Decision Date:	04/04/2014	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	12/02/2013

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 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 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 patient is a 51 year old female who was injured at on 04/12/2012 while she lifting a patient up in bed and injured her back. Prior treatment history has included injections, physical therapy, TENS therapy and medication. The patient underwent L5-S1 hemi-laminotomy, foraminotomy, and decompression of S1 nerve root with partial facetectomy 07/22/2013. Diagnostic studies reviewed include EMG performed 10/25/2013 revealed evidence suggestive of denervation in the right-sided L5-S1 innervated muscles. This finding can be consistent with right-sided L5-S1 radiculopathy. Please note lumbar paraspinal muscles could not be assessed due to history of surgery in the past. Therefore lumbar plexopathy could not be completely excluded; however, this was less likely. NCV performed 10/25/2013 revealed a normal study of the bilateral lower extremities. Additional Consultations include Therapy note dated 09/26/2013 indicated the patient's pain had increased since her last session. The patient rated her pain 7/10. Therapy note dated 10/23/2013 revealed no changes. The patient complained of pain rated 7/10-point scale. The pain was in her LB, right gluteal and right upper thigh pain (nerve pain). Follow up note dated 10/14/2013 documented the patient to have complaints of increased low back pain, greatest with sitting. The patient reported marked limitation with sitting, no greater than 20 minutes. Objective findings on exam included lower extremity neurologic evaluation demonstrated right quadriceps 4+/5, right EHL 4+/5, right eversion 4/5; Positive straight leg raise on the right. Follow up note dated 11/04/2013 documented the patient to have complaints of low back pain rated at 7/10 with right greater than left lower extremity symptoms; Lower extremity neurologic evaluation essentially unchanged. Follow up note dated 12/10/2013 documented the patient to have complaints of significant low back pain as well as right lumbar radiculopathy and to a certain extent, left radiculopathy. She indicated considerable improvement in radiculopathy since surgery, but the back pain had remained unchanged. She did undergo an MRI, the results of

which had not been provided. She had also had prior Neurodiagnostic studies post surgery. Objective findings on exam revealed slight tenderness in the lower lumbar area; Straight leg rising was positive bilaterally at 70 degrees. There was pain-free range of motion of all joints, lower extremities bilaterally. Neuroexam of the lower extremities, proximal and distal motor strength was grossly normal; sensation was intact; deep tendon reflexes are symmetrical in the knee jerk, ankle jerk, and posterior tibia tendon jerk.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV bilateral lower extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2ndEdition, (2004), Low Back

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Lumbar & Thoracic Chapter (Acute and Chronic), EMGs (electromyography), Nerve Conduction Studies (NCSs)

Decision rationale: This patient presented with right sided radicular pain and numbness after lumbar spine surgery on 7/22/13. Right leg weakness was noted on examination, and lumbar MRI and EMG/NCS were requested. However, as discussed by the initial reviewer, these studies are complimentary and need not be ordered simultaneously. MRI was approved with subsequent approval for EMG/NCS pending MRI outcome. This is a reasonable, clinically appropriate recommendation. Therefore, EMG/NCS is non-certified.