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| Case Number: | CM13-0060418 | | |
| Date Assigned: | 12/30/2013 | Date of Injury: | 01/14/2011 |
| Decision Date: | 06/26/2014 | UR Denial Date: | 11/25/2013 |
| Priority: | Standard | Application Received: | 12/03/2013 |

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 Physical Medicine & Rehabilitation 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 35-year-old male with a reported date of injury on 01/14/2011. The mechanism of injury was reportedly caused by a fall. The injured worker presented with low back pain, rated at 4/10. In addition, the injured worker complained of pain radiating to left lateral thigh with numbness and tingling. Within the clinical documentation provided for review, the injured worker was post lumbar fusion on 05/09/2013. Physical exam noted the injured worker's range of motion demonstrated flexion to 70 degrees, extension to 10 degrees, right and left bending to 20 degrees. The injured worker presented with negative straight leg raise bilaterally, and negative Fabere sign. The lumbosacral x-ray dated 05/12/2013, revealed the spine in good alignment status post discectomy and metallic posterior fusion surgical changes at L4-5. Within the clinical note dated 11/05/2013, the physician noted the injured worker was participating in home based exercise. The injured worker's medication regimen included Azithromycin, omeprazole, and hydrocodone. The request for authorization for electromyography at the bilateral lower extremities and nerve conduction study (NCS) of the bilateral extremities was submitted on 12/02/2013. Within the clinical note dated 11/05/2013, the physician noted that EMG/NCS of bilateral lower extremities was requested to rule out radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

ELECTROMYOGRAPHY OF THE BILATERAL LOWER EXTREMITIES: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to the California MTUS/ACOEM Guidelines, electromyography (EMG), may be useful to identify subtle, focal neurological dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. The injured worker is status post lumbar fusion at L4-S1 on 05/09/2013. There is a lack of documentation related to the utilization of physical therapy postsurgical intervention. In addition, according to the clinical information provided for review, the injured worker does not present with objective neurological deficits and presents with negative leg raises. The rationale for the request is to assess for radiculopathy. There is a lack of objective clinical findings of radiculopathy upon physical exam. Therefore, the request for electromyography of the bilateral lower extremities is non-certified.

NERVE CONDUCTION STUDY (NCS) OF THE BILATERAL LOWER EXTREMITIES: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 do not recommend nerve conduction studies. There is a minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. In the management of spine trauma with radicular symptoms, EMG/nerve conduction studies (NCS) often have low combined sensitivity and specificity in confirming root injury, and there is limited evidence to support the use of often uncomfortable EMG/NCS. According to the clinical documentation available for review, the injured worker presented with negative leg raises bilaterally and no objective neurological deficits. As such, the request for nerve conduction study