

Case Number:	CM13-0069906		
Date Assigned:	03/03/2014	Date of Injury:	05/03/2000
Decision Date:	06/12/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	12/23/2013

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 Neurology, has a subspecialty in California 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 claimant is a 53 year old male with a date of injury of 5/3/2000, the mechanism of injury was reported to result from the claimant riding in a vehicle and hit his back on a tool box. The claimant has undergone an IDET at the L5-S1 level in 2001. There has been two previous lower extremity EMG/NCS in 2002 and in 2012. The results of the 2002 study reveal a left S-1 radiculopathy and the 2012 study reveals a chronic L5 radiculopathy. An MRI of the Lumbar spine from 5/18/2012 shows a three mm disc protrusion at the level of L3-L4 with bilateral nerve root compromise. At the L4-L5 level, there is a four to five mm disc protrusion and nerve root compromise. In addition, there is a three to four mm disc protrusion at the L5-S1 level with bilateral nerve root compromise. The claimant recently underwent a physical examination in January 2014. The lower extremity reflexes were symmetrical and normal. The only noted motor abnormality is the inability to walk on either the heels or the toes.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV OF THE LOWER EXTREMITIES: 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): 309.

Decision rationale: According to the MTUS/ACOEM Guidelines, regarding imaging recommendation, "CT or MRI when cauda equina, tumor, infection, or fracture are strongly suspected plain film radiographs are negative; MRI test of choice for patients with prior back surgery; Assure quality criteria for imaging tests" In this case, the claimant is clinically demonstrating the inability to heel or toe walk revealing a radiculopathy at both the L5 and S1 levels. The MRI cited in the notes reports bilateral nerve root compromise at both the L4-L5 level and L5-S1 level. In patients who have a clinically obvious radiculopathy, and EMG is not recommended by the MTUS Guidelines. Therefore, the requests for EMG/NCV of the lower extremities are not medically necessary and appropriate.