MAXIMUS Federal Services

Case Number:	CM13-0070454		
Date Assigned:	01/29/2014	Date of Injury:	09/14/2010
Decision Date:	05/27/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/24/2013

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 Physical Medicine & Rehabilitation, 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:

This 48 year-old patient sustained an injury on 9/14/10 while employed by [redacted]. Requests under consideration include EMG/NCS BILATERAL LOWER EXTREMITIES. Diagnoses include lumbar spine strain/sprain rule out discopathy and right lower extremity radiculitis. Lumbar spine MRI on 1/10/11 noted multi-level 2-5 mm disc protrusions at L3-4, L4-5 and L5-S1 with stenosis. Conservative care has included medications, physical therapy, activity modification, and multiple lumbar epidurals. Report of 11/9/11 from the provider noted patient with return of radicular symptoms with repeat ESI was less robust. Report of 2/21/12 showed exam findings of positive SLR and decreased sensory in L4-5 dermatome of right leg. Report of Final Determination Letter for IMR Case Number CM13-0070454 3 2/13/13 noted response to repeat ESI was similar to prior with sustained palliating; however, follow-up reports of 4/8/13 and 7/18/13 again showed radicular symptoms to right lower extremity with positive SLR and decreased right L4 and L5 dermatomes. Repeat MRI of the lumbar spine on 10/5/13 had unchanged degenerative findings as study of January 2011. Latest follow-up dated 10/24/13 from the provider noted same ongoing complaints; however, without any neurological exam findings documented. The request for EMG/NCS of bilateral lower extremities was non-certified on 12/2/13 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCS BILATERAL 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 Guidelines, NCS is not recommended as there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Additionally, guidelines indicate that electrodiagnostic studies to include needle EMG is recommended where a CT or MRI is equivocal and there are ongoing pain complaints that raise questions about whether there may be a neurological compromise that may be identifiable (i.e., leg symptoms consistent with radiculopathy, spinal stenosis, peripheral neuropathy, etc.). However, the employee already had an MRI of the lumbar spine showing disc protrusion resulting in stenosis and nerve compromise along with clinical neurological deficits consistent with lumbar radiculopathy to support for multiple previously performed epidural steroid injections, negating any medical necessity for diagnostic EMG. The EMG/NCS BILATERAL LOWER EXTREMITIES is not medically necessary and appropriate.