

Case Number:	CM13-0071109		
Date Assigned:	01/08/2014	Date of Injury:	03/29/2007
Decision Date:	06/16/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/26/2013

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 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 injured worker is a 53-year-old male who reported an injury on 03/29/2007. The mechanism for injury was not provided for review. The injured worker ultimately underwent lumbar spinal fusion with residual chronic pain rated as 7/10 to 8/10. The injured worker's chronic pain was managed with multiple medications. The injured worker was evaluated on 10/10/2013. It was noted that the injured worker had low back pain rated at an 8/10 that was considered constant and radiated into the bilateral lower extremities. Physical findings included well-healed surgical incisions and +2 tenderness of the bilateral paraspinal musculature with decreased range of motion secondary to pain, a positive straight leg raising test at 20 degrees to the right and 15 degrees to the left with decreased sensation and motor strength. The injured worker diagnoses included status post lumbar spine fusion and lumbar spine radiculopathy. A request was made for an EMG/NCV of the bilateral lower extremities, a lumbosacral MRI, and a CT scan of the lumbar spine. No justification for the request was provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

ELECTROMYOGRAPHY BILATERAL LOWER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation ODG (Low Back Chapter).

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 303-305.

Decision rationale: The requested EMG for the bilateral lower extremities is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends electrodiagnostic studies to determine specific findings of radiculopathy when physical findings upon examination of radiculopathy do not specifically identify dermatomal distributions. The clinical documentation submitted for review does indicate that the injured worker has clear evidence of radiculopathy. There was no justification for the request provided. The need for electrodiagnostic studies at this time cannot be determined. As such, the requested electromyography of the bilateral lower extremities is not medically necessary or appropriate.

BILATERAL LOWER EXTREMITIES NERVE CONDUCTION VELOCITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation ODG (Low Back Chapter).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), 2ND EDITION, (2004), 12, 303-305.

Decision rationale: The requested NCV for the bilateral lower extremities is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends electrodiagnostic studies to determine specific findings of radiculopathy when physical findings upon examination of radiculopathy do not specifically identify dermatomal distributions. The clinical documentation submitted for review does indicate that the injured worker has clear evidence of radiculopathy. There was no justification for the request provided. The need for electrodiagnostic studies at this time cannot be determined. As such, the requested nerve conduction velocity of the bilateral lower extremities is not medically necessary or appropriate.