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| Case Number: | CM13-0072552 | | |
| Date Assigned: | 01/17/2014 | Date of Injury: | 07/31/2012 |
| Decision Date: | 04/25/2014 | UR Denial Date: | 12/19/2013 |
| Priority: | Standard | Application Received: | 12/31/2013 |

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 and 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 patient is a 20 year old female who was injured on 07/31/2012. She sustained an injury from repetitive work activities. Prior treatment history has included activity modification, epidural steroid injection, therapy; and medications including Medrol Dosepaks. The patient underwent hemilaminectomy with partial facetectomy, foraminotomy with excision of herniated disc at L4-5 on 03/20/2013. 11/26/2013 Medications Include: Diclofenac XR Tramadol ER Omeprazole 20 mg Cyclobenzaprine 7.5 mg Ondansetron 4 mg Diagnostic studies reviewed include MRI of the lumbar spine with and without contrast performed on 09/25/2013 revealed post surgical changes at L4-L5 with enhancing fibrosis surrounding the left L5 nerve root and small disc bulge at L5-S1. Initial Complex Orthopedic evaluation dated 11/26/2013 indicated the patient did well until she was in a car accident in August of 2013, which aggravated her pre-existing symptoms from her work related back injury. She has been having radicular symptoms/neuropathic pain down her bilateral lower extremities, left greater than right. She states she did not have any radicular symptoms prior to this car accident. She states she went from a 10/10 level of pain to a level 2/10 following her spine surgery, and since the car accident, she rates her pain as 5-8/10. The pain ranges, but again her radicular symptoms and numbness are new since the accident. Objective findings on exam revealed a well-healed scar from lumbar spine microsurgery discectomy; gait and posture are within normal limits. There is positive tenderness and spasming in the lower lumbar region; motor testing is 5/5 to all muscle groups of the lower extremities. He is able to walk on tiptoes without difficulty and he is able to walk on the heels without difficulty. Deep tendon reflexes are +2 bilateral knees and +2 bilateral ankles; Range of motion of the lumbar spine revealed flexion 60 degrees with pain on full flexion, extension at 30 degrees, rotation: right is 15 degrees, left is 30 degrees; normal is 30 degrees. She has pain with extension and lateral bend; bilateral lower extremities reveals negative straight leg raise bilaterally in the supine

and sitting position; diminished sensation to the L4 and L5 nerve root distributions left lower extremity. The patient was diagnosed with 1) Rule out recurrent lumbar disc herniation; 2) Radiculitis/neuropathic pain left lower extremity; and 3) Acute on chronic low back pain. The patient was recommended for an electrodiagnostic test of bilateral lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) right lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines- Treatment for Workers' Compensation (TWC) - Online Edition, Chapter Low Back- Lumbar & Thoracic

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Physical Medicine and Rehabilitation, 3rd Edition, 2007. Chapter 41: Low Back Pain, pages 883 - 928

Decision rationale: According to the guidelines, following a course of conservative therapy, an EMG study may be useful to obtain unequivocal evidence of radiculopathy. Medical records do not detail the conservative interventions tried in addressing the patient's recent complaints of increased pain and radicular symptoms involving the lower extremities. It has not demonstrated that the patient has trialed and failed to respond to physical methods, manual therapy, or appropriate medications. In addition, the examination performed on 11/26/2013 revealed an unremarkable neurological examination. The patient demonstrates normal motor strength, sensation, and reflexes of the bilateral lower extremities. In the absence of any positive or abnormal findings on neurological examination, the medical necessity of an EMG study has not been established at this time.

Nerve Conduction Study (NCS) Left lower extremity: 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), Physical Medicine and Rehabilitation, 3rd Edition, 2007. Chapter 41: Low Back Pain, pages 883 - 928

Decision rationale: The guidelines suggest EMG may be useful for evaluation of subtle focal neurologic dysfunction in patients with low back symptoms, not NCS. According to the guidelines, there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Furthermore, the patient's examination revealed normal motor strength, sensation, and reflexes throughout the bilateral

lower extremities. The medical necessity of an NCS of the lower extremity has not been established.

Nerve Conduction Study (NCS) Right lower extremity: 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) EMGs (Electromyography); Low Back, Electrodiagnostic studies (EDS) Physical Medicine and Rehabilitation, 3rd Edition, 2007. Chapter 41: Low Back Pain, pages 883 - 928

Decision rationale: The guidelines suggest EMG may be useful for evaluation of subtle focal neurologic dysfunction in patients with low back symptoms, not NCS. According to the guidelines, there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Furthermore, the patient's examination revealed normal motor strength, sensation, and reflexes throughout the bilateral lower extremities. The medical necessity of an NCS of the lower extremity has not been established.