

Case Number:	CM14-0000351		
Date Assigned:	01/10/2014	Date of Injury:	12/11/2007
Decision Date:	06/13/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	01/02/2014

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 Orthopedic Surgery 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 54 year old female who reported an injury to her low back and neck. The clinical note dated 12/18/12 indicates the injured worker complaining of a burning sensation along with stiffness and tightness in the lumbar region. The injured worker had been recommended for an EMG/NCV study at that time. The injured worker was also recommended for physical therapy to address the cervical and lumbar complaints. The clinical note dated 01/03/13 indicates the injured worker continuing with complaints of low back pain with radiation of pain to the right lower extremity. The injured worker rated the pain as 5/10 at that time. Upon exam, decreased range of motion was identified in the lumbar spine particularly with flexion and extension. The clinical note dated 12/12/12 indicates the injured worker stating the initial injury occurred on 12/11/07 when she had a fall. The clinical note dated 01/22/13 indicates the injured worker continuing with low back complaints. The injured worker was identified as having a positive straight leg raise on the left. Great toe weakness along with spasms and tenderness were also identified. The clinical note dated 03/18/13 indicates the injured worker complaining of ongoing radiating pain from the low back into the right lower extremity. The injured worker rated the pain as 7/10. The qualified medical evaluation dated 04/09/13 indicates the injured worker having been recommended for physical therapy and chiropractic manipulation. Upon exam, the injured worker was able to demonstrate 85 degrees of lumbar flexion, 15 degrees of extension, 30 degrees of bilateral rotation, and 20 degrees of bilateral side bending. The MRI of the lumbar spine dated 06/18/13 revealed a pedicle screw fixation at L3-4 with an interbody fusion. Screws had been removed from the L5 and S1 levels. A prior interbody fusion was also identified at L5-S1. The clinical note dated 07/31/13 indicates the injured worker continuing with 6/10 pain. Decreased range of motion continued throughout the lumbar spine. The clinical note dated 10/16/13 indicates the injured worker continuing with radiating pain from the low back

into the right lower extremity. The injured worker was recommended to continue with oral medications. The previous utilization review dated 11/27/13 resulted in a denial for an EMG/NCV of the bilateral lower extremities as no information had been submitted regarding the injured worker's previous electrodiagnostic studies or postoperative imaging.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV OF BILATERAL LOWER EXTREMITIES: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Procedure Summary.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-4. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, NCV studies.

Decision rationale: The request for an EMG/NCV study of the bilateral lower extremities is not medically necessary. The documentation indicates the patient complaining of low back pain with radiating pain to the right lower extremity. The clinical notes further indicate the patient demonstrating strength deficits in the right great toe. EMGs are not necessary if radiculopathy has already been determined by clinical exam. Given the weakness identified at the right great toe, the requested EMGs are not medically necessary for this injured worker at this time. Additionally, there is minimal justification for performing nerve conduction studies when the injured worker to have symptoms consistent with radiculopathy. Therefore, this request is not indicated as medically necessary.