

Case Number:	CM14-0000355		
Date Assigned:	01/10/2014	Date of Injury:	07/12/2006
Decision Date:	06/23/2014	UR Denial Date:	12/17/2013
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 Occupational Medicine, 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 40-year-old male who has submitted a claim for lumbar disc herniation, status post microdiscectomy associated with an industrial injury date of July 12, 2006. Medical records from 2013 were reviewed. The patient complained of continuous lower back pain with radiation, numbness, and tingling to both legs and feet. Pain was aggravated by coughing, sneezing, prolonged standing, walking, and sitting activities. Physical examination showed tenderness and spasm of lumbar paraspinal, quadratus lumborum, and gluteal muscles, positive straight leg raise on the right at 70 degrees and on the left at 60 degrees. It likewise showed restricted lumbar range of motion in all planes. Manual muscle test was 4/5 in the L5 and S1 muscle groups on the left. There was decreased sensation in the L5 nerve distribution bilaterally, and decreased sensation in the S1 nerve distribution on the left. Treatment to date has included NSAIDs, opioids, activity modification, home exercise programs, physical therapy, lumbar epidural steroid injections, and surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV OF THE BILATERAL LOWER EXTREMITIES FOR LUMBAR SPINE:

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, LOW BACK

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

Decision rationale: According to page 303 of the ACOEM Low Back Guidelines, electromyography (EMG) of the lower extremities is indicated to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. Moreover, guidelines do not recommend EMG before conservative treatment. According to the Official Disability Guidelines, NCS of the lower extremities is not recommended if radiculopathy has already been clearly identified by EMG and obvious clinical signs. NCS is not recommended when a patient is presumed to have symptoms on the basis of radiculopathy. In this case, EMG/NCV was done last September 24, 2013 and showed re-innervation of L5 nerve roots bilaterally and abnormal conduction due to decreased H-reflex on the right, consistent with right S1 nerve root injury. An MRI showed central disc bulging/herniation with disc degeneration, and moderate canal narrowing with bilateral foraminal stenosis, worse on the right. The patient presented with signs and symptoms of radiculopathy, which persisted despite physical therapy. Recent progress notes reported persistent lower back pain with radiation, numbness, and tingling in both legs and feet. The patient has focal neurologic deficit. However, there are no significant changes regarding subjective and objective findings in this patient. There is no indication to repeat the EMG/NCV done last September 2013. As such, the request is not medically necessary.