MAXIMUS Federal Services

Case Number:	CM14-0002642		
Date Assigned:	01/29/2014	Date of Injury:	07/26/2000
Decision Date:	07/03/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	01/07/2014

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 record notes a 54-year-old individual with a date of injury of July 26, 2000. The mechanism of injury reported was an injury to the low back while lifting. The claimant is status post lumbar decompression and fusion at L4-S1 in 2001. Current diagnoses include chronic low back pain and leg pain, lumbar radiculopathy, multilevel lumbar spondylosis, degenerative disc disease, neuroforaminal narrowing, chronic pain requiring chronic opioid use, occasional marijuana use, chronic neck pain, and the bilateral knee arthritis. Electrodiagnostic studies (EMG/NCV) are recommended of the left lower extremity. Prior treatment has consisted of pharmacotherapy, rest, physical therapy, and surgery. "No new neurological changes" are noted. The previous MRI was provided disclosing neuroforaminal narrowing. Progress notes from October 2013 indicate that the claimant presents with low back pain radiating to the left buttock and leg with associated weakness and numbness. The pain is rated 6/10 on the VAS. Pharmacotherapy included Percocet, temazepam, Neurontin, Celebrex, Colace, lighted term, and Medrox cream. Physical examination of the lumbar spine reveals a stable gait, range of motion is decreased at 45 of forward flexion and 10 of extension. There is tenderness to palpation of the midline and paraspinal regions at L3-S1. Additionally, left lower extremity strength of 4/5 to -5/5 is reported. Decreased sensation is noted over the left lower extremity, including the leg, the calf, the thigh, and the foot. The treatment recommendation is for an EMG/NCV study of the left lower extremity. Additionally, a progress note dated November 22, 2013 reveals an interim history that notes there are no new neurological changes.

IMR ISSUES, DECISIONS AND RATIONALES

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

ELECTROMOYGRAPHY OF THE LEFT LOWER EXTREMITY: 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): 12-8. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back (Acute and Chronic).

Decision rationale: Based on the claimant's prior fusion, insufficient information has been provided to substantiate the medical necessity of the EMG/NCV studies of the left lower extremity in this individual with a 14-year-old injury. The claimant's baseline symptoms have not been identified, nor has a clinical change for which the proposed diagnostic study has been requested. The physical examination reveals no evidence of a radiculopathy. Weakness, decreased motion, and decreased sensation, cannot be potentially residual clinical findings in an individual with this chronic back history, and cannot be used solely to determine the necessity for electrodiagnostic studies. Additionally, a narrative has not been provided to indicate any unique clinical circumstances to support the medical necessity of this request. As such, this request is recommended for non-certification.

NERVE CONDUCTION VELOCITY STUDY OF THE LEFT LOWER EXTREMITY: 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): 12-8. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back (Acute and Chronic).

Decision rationale: Based on the claimant's prior fusion, insufficient information has been provided to substantiate the medical necessity of the EMG/NCV studies of the left lower extremity in this individual with a 14-year-old injury. The claimant's baseline symptoms have not been identified, nor has a clinical change for which the proposed diagnostic study has been requested. The physical examination reveals no evidence of a radiculopathy. Weakness, decreased motion, and decreased sensation, cannot be potentially residual clinical findings in an individual with this chronic back history, and cannot be used solely to determine the necessity for electrodiagnostic studies. Additionally, a narrative has not been provided to indicate any unique clinical circumstances to support the medical necessity of this request. As such, this request is recommended for non-certification.