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| Case Number: | CM14-0007445 | | |
| Date Assigned: | 02/07/2014 | Date of Injury: | 05/03/2005 |
| Decision Date: | 06/24/2014 | UR Denial Date: | 12/23/2013 |
| Priority: | Standard | Application Received: | 01/16/2014 |

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 Physical Medicine and Rehabilitation, has a subspecialty in Sports Medicine and is licensed to practice in New York and Texas. 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 55 year old male with an injury reported on 05/03/2005. The mechanism of injury was not provided within the clinical notes. The clinical note dated 12/03/2013, reported that the injured worker complained of increased low back pain and increased numbness in his right foot. Upon physical examination, the injured worker had a straight leg raise which was 'equivocal' bilaterally. It was reported the injured worker had tenderness over his lower lumbar paraspinal muscles. The injured worker's motor strength to bilateral lower extremities was 5/5, excluding knee extensors and ankle dorsiflexors which were noted as 4/5. The injured worker had reduced sensation of light touch over the right L5 and L4 dermatome distribution. The injured worker's prescribed medication list included Norco 10/325mg, Percocet 5/325mg, gabapentin 300mg, Ambien 10mg, and Viagra. The injured worker's diagnoses included low back pain; lumbar degenerative disc disease; lumbar spinal stenosis; lumbar radiculitis; lumbar post laminectomy pain syndrome; and chronic pain syndrome. The provider requested an electrodiagnostic testing and a nerve conduction velocity testing to bilateral lower extremities to rule out lumbar radiculitis/radiculopathy. The request for authorization was submitted on 01/15/2014. The injured worker's prior treatments included lumbar spine surgery and a MRI of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

ELECTRODIAGNOSTIC TESTING: EMG BILATERAL LOWER EXTREMITIES:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, 309.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

Decision rationale: The injured worker complained of increased low back pain and increased numbness in his right foot. Upon physical examination, the injured worker had a straight leg raise which was 'equivocal' bilaterally. The injured worker had reduced sensation of light touch over the right L5 and L4 dermatome distribution. The CA MTUS/ACOEM guidelines recommend for the detection of physiologic abnormalities, if no improvement after 1 month, consider needle EMG and H-reflex tests to clarify nerve root dysfunction. The guidelines do not recommend an EMG for clinically obvious radiculopathy. The provider requested an electrodiagnostic testing to bilateral lower extremities to rule out lumbar radiculitis/radiculopathy. It was noted the injured worker has a diagnosis of lumbar radiculitis. The injured worker was noted to have neurological deficits in the right L5 and L4 dermatomal distribution indicating clear radiculopathy. Per clinical evidence radiculopathy is clinically obvious; therefore, the request is not medically necessary.

NCV BILATERAL LOWER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, 309.

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).

Decision rationale: The request for NCV bilateral lower extremities is non-certified. The injured worker complained of increased low back pain and increased numbness in his right foot. Upon physical examination the injured worker had a straight leg raise which was 'equivocal' bilaterally. The injured worker had reduced sensation of light touch over the right L5 and L4 dermatome distribution. The injured worker's diagnoses included lumbar radiculitis. The Official Disability Guidelines do not recommend nerve conduction studies (NCS). There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. The injured worker complained of increased low back pain with numbness to his right foot, also the injured worker has a diagnosis of lumbar radiculopathy. Furthermore, NCVs are generally performed when there is evidence of peripheral neuropathy. There is a lack of evidence to suggest peripheral neuropathy to warrant a nerve conduction velocity. As such, the request is non-certified.

