

Case Number:	CM14-0009510		
Date Assigned:	02/14/2014	Date of Injury:	01/24/2013
Decision Date:	08/06/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/24/2014

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:

This is a 50-year-old female with a 1/24/13 date of injury to her low back. She is status post a lumbar fusion on 3/18/13 with improvements in pain but still has complaints of ongoing low back pain with radiculopathy and MRI evidence of L4/5 nerve root abutment. The patient was seen on 12/12/13 for low back pain with radiation to the left leg and associated numbness in the left foot. Exam findings revealed no neurological deficits, negative Babinski sign, and symmetrical reflexes. The diagnosis is lumbar disc displacement with radiculopathy, and L5/S1 disc herniation, EMG/NCV 2009: normal Treatment to date: lumbar epidurals injection, medications, acupuncture, TENS unit, lumbar fusion. The UR decision dated 12/31/13 denied the requests given there was no documentation of an active radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

NERVE CONDUCTION VELOCITY (NCV) STUDY OF THE LEFT LOWER EXTREMITY: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: The California MTUS states that electromyography (EMG), including H-reflex tests, are indicated to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. In addition, ODG states that EMGs may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. Furthermore, NCS are not recommended when a patient is presumed to have symptoms on the basis of radiculopathy. This patient had a recent lumbar fusion and was seen 9 months post operatively with improvement in pain in the L spine with associated numbness in the left foot. An EMG/NCV was requested however no focal neural deficits were noted on exam and no clear rationale was given for electrodiagnostic studies post operatively. Therefore, the request for an NCV of the left lower extremity was not medically necessary.

ELECTROMYOGRAM (EMG) OF THE LEFT LOWER EXTREMITY: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: The California MTUS states that electromyography (EMG), including H-reflex tests, are indicated to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. In addition, ODG states that EMGs may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. Furthermore, NCS are not recommended when a patient is presumed to have symptoms on the basis of radiculopathy. This patient had a recent lumbar fusion and was seen 9 months post operatively with improvement in pain in the L spine with associated numbness in the left foot. An EMG/NCV was requested however no focal neural deficits were noted on exam and no clear rationale was given for electrodiagnostic studies post operatively. Therefore, the request for an EMG of the left lower extremity was not medically necessary.