

Case Number:	CM14-0009888		
Date Assigned:	02/21/2014	Date of Injury:	01/20/2002
Decision Date:	06/25/2014	UR Denial Date:	01/14/2014
Priority:	Standard	Application Received:	01/23/2014

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 Surgeon and is licensed to practice in Maryland. 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 62-year-old male who sustained an injury to his low back on 01/20/02 while lifting a wooden beam approximately 20 feet high, stating he felt a pop in his back. The injured worker fell, injuring his knees. A clinical note dated 03/01/14 reported that the injured worker continued to complain of low back pain with radiation to the left lower extremity with associated numbness/tingling to the left side of the low back. The injured worker also complained of muscle spasms on the left side. Physical examination of the lumbosacral spine noted tenderness to palpation over the paravertebral musculature, lumbosacral junction and sciatic notch with muscle spasms on the left paravertebral musculature; straight leg raise negative with increased low back pain on the left side; Kemp's positive left; range of motion flexion 38°, extension 12°, right side bending 12° and left-sided at 12 degrees.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG RIGHT LOWER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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 chapter, EMGs (electromyography)

Decision rationale: According to Official Disability Guidelines (ODG), the request for electrodiagnostic study (EMG) of the right lower extremity is not medically necessary. The injured worker has already had a past electrodiagnostic study that revealed L4-5 radiculopathy and upon physical examination, the injured worker has clear findings of radiculopathy in the left L5 dermatome. Given that radiculopathy is already clinically obvious and there is no rationale for a repeat study, medical necessity of the request for electrodiagnostic study (EMG) of the right lower extremity has not been established. The request for EMG of the right lower extremity is not medically necessary.

EMG LEFT LOWER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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 chapter, EMGs (electromyography)

Decision rationale: According to Official Disability Guidelines (ODG), the request for electrodiagnostic study (EMG) of the left lower extremity is not medically necessary. The injured worker has already had a past electrodiagnostic study that revealed L4-5 radiculopathy and upon physical examination, the injured worker has clear findings of radiculopathy in the left L5 dermatome. Given that radiculopathy is already clinically obvious and there is no rationale for a repeat study, medical necessity of the request for electrodiagnostic study (EMG) of the left lower extremity has not been established. The request for EMG of the left lower extremity is not medically necessary.

NCV RIGHT LOWER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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 chapter, Nerve conduction studies (NCS)

Decision rationale: The request for nerve conduction velocity (NCV) study of the right lower extremity is not medically necessary. The Official Disability Guidelines (ODG) states that there is minimal justification for performing nerve conduction studies when the patient is presumed to have symptoms on the basis of radiculopathy. A systematic review and meta-analysis demonstrated that neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy. Given the clinical documentation submitted for review, medical necessity of the request for nerve conduction velocity (NCV) study of the right lower extremity has not been established. NCV study of the right lower extremity is not medically necessary.

NCV LEFT LOWER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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 chapter, Nerve conduction studies (NCS)

Decision rationale: The request for nerve conduction velocity (NCV) study of the left lower extremity is not medically necessary. The Official Disability Guidelines (ODG) states that there is minimal justification for performing nerve conduction studies when the patient is presumed to have symptoms on the basis of radiculopathy. A systematic review and meta-analysis demonstrated that neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy. Given the clinical documentation submitted for review, medical necessity of the request for nerve conduction velocity (NCV) study of the right lower extremity has not been established. NCV study of the left lower extremity is not medically necessary.

MRI OF THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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 chapter, MRIs (magnetic resonance imaging)

Decision rationale: According to the Official Disability Guidelines the request for Magnetic Resonance Imaging (MRI) of the lumbar spine is not medically necessary. There was no report of a new acute injury since the 01/27/14 lumbar MRI study or an exacerbation of previous symptoms. There was no mention that a surgical intervention is anticipated. There were no signs of decreased motor strength, increased reflex or sensory deficits. There were no additional significant 'red flags' identified. Given the clinical documentation submitted for review, the request for MRI the lumbar spine has not been established. The request for a (MRI) of the lumbar spine is not medically necessary.