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| Case Number: | CM14-0010760 | | |
| Date Assigned: | 05/30/2014 | Date of Injury: | 12/07/1998 |
| Decision Date: | 07/11/2014 | UR Denial Date: | 12/19/2013 |
| Priority: | Standard | Application Received: | 01/27/2014 |

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, Oklahoma, Texas, and Tennessee. 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 workers a 55-year-old male who sustained an injury to his low back on 12/07/98. The mechanism of injury was not documented. It was reported that the injured worker has continued to self-treated with his home TENS unit that he stated was beneficial. Lumbar epidural steroid injections, MRI and electrodiagnostic studies have not yet been authorized. The injured worker continues with his present work activities. Physical examination noted tenderness palpation in the upper, mid and lower lumbar paravertebral muscles and right sciatic notch; range of motion 25 flexion, 20 right lateral bending, 20 left lateral bending, 10 right lateral rotation, 20 left lateral rotation and 15 of extension; increased pain with lumbar motion; straight leg raise on rectus femoris stretch sign causes pain in the back without nerve irritability; decreased sensation in the bilateral L4-5 and L5-S1 dermatomes with mild weakness of the right extensor hallucis longus and tibialis anterior. Mild depression in right ankle reflex; ambulation with non-antalgic; able to heel/toe walk without difficulty. The injured worker was diagnosed with lumbar disc protrusions at L2-3, L3-4, L4-5, L5-S1 and T11-12, lumbar radiculopathy and multilevel degenerative joint/disease of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG OF THE LOWER EXTREMITIES: Upheld

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

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, Electrodiagnostic studies (EDS).

Decision rationale: The request for Electromyography (EMG) of the bilateral lower extremities is not medically necessary. Previous request was denied on the basis that the submitted documentation did not meet criteria for electrodiagnostic studies. The Official Disability Guidelines (ODG) states that electromyography may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Given that the injured worker has already been diagnosed with lumbar radiculopathy based on disc protrusions at L2-3, L3-4, L4-5, L5-S1 and T11-12, medical necessity of the request for EMG has not been established.

NCV OF THE LOWER EXTREMITIES: Upheld

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

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 Studies (NCV) the bilateral lower extremity is not medically necessary. Previous request was denied on the basis that the submitted documentation did not meet criteria for electrodiagnostic studies. The Official Disability Guidelines (ODG) states that electromyography may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Given that the injured worker has already been diagnosed with lumbar radiculopathy based on disc protrusions at L2-3, L3-4, L4-5, L5-S1 and T11-12, medical necessity of the request for NCV has not been established.