

Case Number:	CM14-0010990		
Date Assigned:	02/21/2014	Date of Injury:	11/27/2012
Decision Date:	06/25/2014	UR Denial Date:	12/26/2013
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 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:

The claimant injured his low back on 11/27/12. He had an MRI of the low back on 02/25/13 that revealed a paracentral protrusion with annular tear at L4 - 5. There was compression on the left L5 nerve root and severe left lateral recess narrowing. There were annular bulges at L2 - 3 and L3-4. At L5-S1, there was slight retrolisthesis of L5 on S1 and a posterior annular bulge. He saw [REDACTED] on 11/14/13 and reported lower backache which had increased over time. He was still having stomach discomfort with Prilosec and had tried Tramadol with food and still had stomach upset. He had terminated physical therapy early as it was increasing his pain. Medications included Gabapentin, Percocet, Prilosec, and Tramadol. He was injured while changing tires on a large truck and a large tire tipped and fell on him while he was squatting. He caught and lifted it and hurt his back. He had reported radiation of pain to the left lower extremity. He tried Tramadol and stated it gave temporary pain relief because of G.I. upset and reflux. Norco at bedtime provides relief but keeps him awake. He was anxious and in more pain and had an antalgic and slowed and stooped gate. He had restricted range of motion with hypertonicity, spasm, tenderness and a tight band on the left side of his low back. He could not heel or toe walk and lumbar facet loading was positive bilaterally. He had tenderness over the posterior iliac spine on the left side. He had mild weakness of the bilateral EHL's and ankle dorsiflexors and plantar flexors. His knee flexors and extensors were mildly weak. He had decreased light touch sensation over the medial foot and posterior thigh at the L4 and five dermatomes on the left side. Deep tendon reflexes were intact and straight leg raise caused pain radiating down his left lower extremity. He was not doing any home exercises. He was diagnosed with lumbar radiculopathy and degenerative disc disease. He was advised to discontinue Prilosec and Tramadol and try Ultracet for pain relief. He was to continue Gabapentin and discontinue Percocet. He had failed trials of Norco, Percocet, Prilosec, and tramadol. Additional physical therapy was under

consideration. A lumbar translaminar ESI was recommended at L5 - S1 for pain relief. He had a previous transforaminal injection at left L4-5 and L5-S1 that did not give any relief. EMG/NCV were recommended. He was also referred to a pain psychologist. The EMG/NCS and lumbar ESI were not certified and the pain management consultation was approved. On 12/26/13, a lumbar ESI was approved and EMG/NCS were denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

ELECTROMYOGRAPHY (EMG) OF THE BILATERAL LOWER EXTREMITIES:

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE GUIDELINES, 12, 303

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

Decision rationale: The claimant has findings on his MRI and has already had an ESI, presumably for a diagnosis of radiculopathy, with no significant benefit. A repeat ESI has been recommended and it is not clear how the results of an EMG are likely to change his course of treatment. The ACOEM Guidelines states "unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study." Since the imaging study has been done and the claimant has been diagnosed with radiculopathy and started treatment for it, the medical necessity of an EMG has not been clearly demonstrated. Therefore, the request is not medically necessary and appropriate.

NERVE CONDUCTION STUDY (NCS) OF THE BILATERAL LOWER EXTREMITIES: 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.

Decision rationale: The history and documentation do not objectively support the request for NCS of the bilateral lower extremities at this time. Typically a NCS is recommended for the evaluation of peripheral nerve dysfunction and there is no evidence that the injured worker has symptoms or findings of this type. The ACOEM Guidelines states "unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging

study." Since the claimant has been diagnosed with radiculopathy and started treatment for it, the medical necessity of NCS has not been clearly demonstrated. The request is not medically necessary and appropriate.