

Case Number:	CM14-0111190		
Date Assigned:	08/01/2014	Date of Injury:	07/31/2003
Decision Date:	10/03/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	07/16/2014

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 Family 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 48-year-old female who reported an industrial injury to her back on 7/31/2003, over 11 years ago, attributed to the performance of her usual and customary job tasks. The patient is diagnosed with lumbosacral neuritis and lumbago. The patient has received ongoing treatment including physical therapy medications activity modifications lumbar spine ESI is and a lumbar spine fusion at L4-L5 and L5-S1. The patient had a subsequent procedure to remove the hardware. And electrodiagnostic study of the bilateral lower extremities dated 4/25/2012 demonstrated a right L5 radiculopathy. A lumbar spine MRI demonstrated postsurgical changes extending from L4 to the sacrum, multilevel degenerative changes from L3 to the sacrum, and the central canal stenosis at L3-L4 due to discogenic change and facet osteoarthritis. The patient reports continued pain for which she is prescribed opioids. The treatment plan was for an up stated electrodiagnostic study.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 electromyography of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation, Online Edition, Chapter: Low Back: EMG (electromyography)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, 62. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter EMG and NCS

Decision rationale: There is no objective evidence of any changes in the neurological status of the patient to warrant repeated Electrodiagnostic studies. There was no evidence of a change in clinical status or a change in the neurological status of the patient to warrant updated electrodiagnostic studies. The patient was documented to have a normal neurological examination other than reported subjective lateral leg numbness. There was no objective finding on examination of a sensory loss over a dermatomal distribution. The neurological examination was documented as normal. The MRI the lumbar spine fails to demonstrate a nerve impingement radiculopathy. The patient continues to complain of back pain. There were no demonstrated neurological deficits along a dermatomal distribution to the BLEs that were reproducible on examination other than the reported L5 right radiculopathy. The patient was not noted to have any changes in clinical status. The patient had some subjective complaints of radiculitis; however, there were no documented objective findings on examination to support medical necessity. There is no demonstrated medical necessity for a BLE EMG/NCS for the pain management of this patient. The request for the authorization of the EMG/NCS of the bilateral lower extremities was not supported with any objective clinical findings that would demonstrate a change in the neurological status of the patient or demonstrate neurological deficits in the lower extremities. There is no documented nerve impingement radiculopathy identified by objective findings on examination. There are no documented neurological findings that would suggest a nerve entrapment neuropathy in the clinical documentation to the BLEs. The motor and sensory examination was documented to be normal. There are no equivocal MRI findings demonstrating a possible nerve entrapment radiculopathy. The MRI was not assessed as equivocal to support the medical necessity of the Electrodiagnostic testing. There was no demonstrated medical necessity for a repeated EMG of the bilateral lower extremities.

Nerve conduction Velocity Study of the lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303; 62. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter EMG and NCS

Decision rationale: There is no objective evidence of any changes in the neurological status of the patient to warrant repeated Electrodiagnostic studies. There was no evidence of a change in clinical status or a change in the neurological status of the patient to warrant updated electrodiagnostic studies. The patient was documented to have a normal neurological examination other than reported subjective lateral leg numbness. There was no objective finding on examination of a sensory loss over a dermatomal distribution. The neurological examination was documented as normal. The MRI the lumbar spine fails to demonstrate a nerve impingement radiculopathy. The patient continues to complain of back pain. There were no demonstrated neurological deficits along a dermatomal distribution to the BLEs that were reproducible on

examination other than the reported L5 right radiculopathy. The patient was not noted to have any changes in clinical status. The patient had some subjective complaints of radiculitis; however, there were no documented objective findings on examination to support medical necessity. There is no demonstrated medical necessity for a BLE EMG/NCS for the pain management of this patient. The request for the authorization of the EMG/NCS of the bilateral lower extremities was not supported with any objective clinical findings that would demonstrate a change in the neurological status of the patient or demonstrate neurological deficits in the lower extremities. There is no documented nerve impingement radiculopathy identified by objective findings on examination. There are no documented neurological findings that would suggest a nerve entrapment neuropathy in the clinical documentation to the BLEs. The motor and sensory examination was documented to be normal. There are no equivocal MRI findings demonstrating a possible nerve entrapment radiculopathy. The MRI was not assessed as equivocal to support the medical necessity of the electrodiagnostic testing. There was no demonstrated medical necessity for a repeated NCS of the bilateral lower extremities.