MAXIMUS Federal Services

Case Number:	CM14-0121023		
Date Assigned:	09/16/2014	Date of Injury:	04/19/2011
Decision Date:	11/24/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	07/31/2014

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 Internal 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 injured worker is a 40-year-old man with a date of injury of April 19, 2011. The injured worker was picking up boxes, putting them on the hand truck when he felt a sharp pain in his back. He developed low back pain and left leg pain. After failing physical therapy, he underwent a microdiscectomy at L4-L5. After the surgery, he has been treated with physical therapy and medications. Pursuant to the progress note dated July 15, 2014, the injured worker is now complaining of pain to the left side of his low back. The pain is rated 5-7/10. The pain radiated to his left leg with numbness, weakness, and cramping. Physical examination reveals range of motion is within functional limits but with pain at the end ranges of flexion and extension. Moderate tenderness of the lumbosacral spine and paraspinals with mild paralumbar muscle tightness, left more than right. Positive straight leg raise on the left. Decreased light touch and pin prick sensation in the L5 distribution of the left leg. Lumbar MRI dated June 20, 2011 showed a left paracentral disc extrusion at L4-L5 that appears to be causing neuropathic encroachment on the left axillary recess, likely affecting the left L4 and L5 nerves. There is bilateral spondylolysis noted at L5-S1. There is no subluxation but a disc/osteophyte complex encroaches on the neural foramina bilaterally. Neural foraminal narrowing is mild and likely not clinically significant. Diagnosis includes: Chronic pain syndrome, lumbago, lumbar disc displacement at L4-L5 S/P microdiscectomy and left laminotomy, and lumbosacral neuritis. Medications prescribed at the July 15, 2014 office visit include: Gabapentin 300mg, Tizanidine 4mg, and Tramadol 50mg. Treatment plan recommendations include: Continuation of physical therapy, and medications for pain management. The provider states that electrodiagnostic studies of the left lower extremity is needed to access active radiculopathy and determine if epidural steroid injection can be of benefit and at what level.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyelogram (EMG) of the Left Lower Extremity: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG), Pain chapter, Electrodiagnostic Testing

Decision rationale: Pursuant to the Official Disability Guidelines, EMGs are not medically necessary. The guidelines state in the low back chapter, nerve conduction studies are not recommended but EMG studies are recommended as an option (needle, not surface) to obtain unequivocal evidence of radiculopathy, after one month of conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. Nerve conduction studies are not indicated/ recommended for low back conditions. In this case, there is documentation of positive left straight leg raising signs, hypesthesia and the left L5 dermatome and weakness in the left leg, all of which are good evidence of left L5 radiculopathy. Additionally, the MRI revealed a left L4-L5 disk herniation that likely affects the left L4 and L5 nerve roots. Given the likely evidence of radiculopathy clinically, electrodiagnostic testing is not necessary to further the diagnosis. Based on clinical information in the medical record, EMG studies are not medically necessary.

Nerve Conduction Study (NCS) of the 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 ODG); Pain Section, Electrodiagnostic Testing

Decision rationale: Pursuant to The Official Disability Guidelines, nerve conduction velocity studies and are not medically necessary. The guidelines state in the low back chapter, nerve conduction studies are not recommended but EMG studies are recommended as an option (needle, not surface) to obtain unequivocal evidence of radiculopathy, after one month of conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. Nerve conduction studies are not indicated/ recommended for low back conditions. In this case, there is documentation of positive left straight leg raising signs, hypesthesia and the left L5 dermatome and weakness in the left leg, all of which are good evidence of left L5 radiculopathy. Additionally, the MRI revealed a left L4-L5 disk herniation that likely affects the left L4 and L5 nerve roots. Given the likely evidence of radiculopathy clinically, electrodiagnostic testing is not necessary to further the diagnosis. Based on clinical information in the medical record, nerve conduction velocity studies are not medically necessary.