MAXIMUS Federal Services

Case Number:	CM14-0131655		
Date Assigned:	09/19/2014	Date of Injury:	11/12/2013
Decision Date:	10/21/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	08/18/2014

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 Physical Medicine and Rehabilitation 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 63-year-old female who reported an injury on 11/12/2013. The mechanism of injury was lifting a heavy object. Diagnoses included lumbar spine discopathy and lumbar spine radiculitis. Past treatments included physical therapy, acupuncture, lumbar epidural steroid injection, and medications. Diagnostic testing included an official MRI of the lumbar spine on 12/06/2013, which revealed lumbar spondylosis L1-2 through L5-S1, disc protrusion at L3-4, L4-5 and L5-S1. An unofficial x-ray of the lumbar spine was obtained in 2013, and reportedly revealed no bony injury. Pertinent surgical history was not provided. The clinical note dated 06/09/2014 indicated the injured worker complained of low back pain radiating into the right lower extremity with weakness, numbness and tingling. She rated the pain 7/10. Physical exam of the lumbar spine revealed positive bilateral straight leg raise, decreased range of motion, tenderness to palpation, and bilateral lower extremity reflexes rated +2. Current medications were not provided. The treatment plan included electromyography for the bilateral lower extremities, nerve conduction velocity for the bilateral lower extremities, and an x-ray of the lumbar spine. The rationale for the request was not provided. The Request for Authorization Form was completed on 06/09/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) Bilateral Lower Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, EMGs (electromyography)

Decision rationale: The California MTUS Guidelines indicate that electromyography may be useful to identify subtle, focal neurological dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. The Official Disability Guidelines go on to state that EMG is recommended as an option and may be useful to obtain unequivocal evidence of radiculopathy, after 1 month of conservative therapy. EMGs are not necessary if radiculopathy is already clinically obvious. The injured worker complained of low back pain radiating to the right lower extremity with weakness, numbness and tingling. Physical exam revealed positive bilateral straight leg raise. An official MRI in 12/2013 revealed disc protrusion at L3-4, L4-5, and L5-S1. The injured worker had subjective complaints and physical exam findings consistent with the diagnosis of radiculopathy. The guidelines indicate that EMG is not necessary if radiculopathy is already clinically obvious. Therefore, the request for electromyography (EMG) for the bilateral lower extremities is not medically necessary.

Nerve conduction velocity (NCV) Bilateral Lower Extremities: 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 Official Disability Guidelines (ODG) Low Back, Nerve conduction studies (NCS)

Decision rationale: The Official Disability Guidelines indicate that nerve conduction studies are not recommended, and there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. The injured worker complained of low back pain radiating to the right lower extremity, with numbness, weakness and tingling. The physical exam revealed positive bilateral straight leg raise. The injured worker had subjective complaints and physical exam findings consistent with the diagnosis of radiculopathy. The guidelines do not recommend nerve conduction studies for symptoms on the basis of radiculopathy. Therefore, the request for a nerve conduction velocity (NCV) for the bilateral lower extremities is not medically necessary.

X-Ray of the Lumbar spine.: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The California MTUS/ACOEM Guidelines indicate that lumbar spine x-rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least 6 weeks. The injured worker complained of low back pain radiating to the right lower extremity with numbness, weakness, and tingling. The physical exam of the lumbar spine revealed positive bilateral straight leg raise, decreased range of motion, tenderness to palpation, and bilateral lower extremity reflexes rated +2. The injured worker previously had an x-ray of the lumbar spine in 2013, which reportedly revealed no bony injury. There is lack of subjective complaints or physical exam findings to indicate the injured worker had new or worsening symptoms indicative of serious spinal pathology to warrant a repeat x-ray of the lumbar spine. The guidelines indicate that in the absence of red flags, a lumbar spine x-ray is not recommended. Therefore, the request for x-ray of the lumbar spine is not medically necessary.