

Case Number:	CM14-0173422		
Date Assigned:	10/24/2014	Date of Injury:	08/22/2012
Decision Date:	12/04/2014	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	10/21/2014

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:

Injured worker is a 57-year-old man with a date of injury of 8/22/12 who has a history of back surgery circa 2000. Complaints include low back pain and leg pain. There is also complaints of neck pain and erectile dysfunction. Exam was remarkable for antalgic gait, impaired lumbar range of motion, 4 /5 muscle strength on the right and absent right Achilles reflex and normal sensation. Treatment included right L5-S1 transforaminal epidural steroid injection after which pain reduction was noted to be from 9/10 to 7/10. Lumbar MRI from 9/17/12 was reported to show evidence of left paracentral L5-S1 disc protrusion causing nerve root impingement and severe degenerative disc disease with spondylolisthesis at L4-5 and L3-4. EMG/nerve conduction studies performed on 11/30/12 demonstrated evidence of right S1 radiculopathy. Physical therapy, lumbar brace, urology consultation and continued pain medications were planned in addition to request for EMG of bilateral lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral lower extremity EMG: 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, 309.

Decision rationale: The injured worker has a known lumbar disc herniation at L5-S1 causing nerve root impingement. According to progress reports, there is persistent leg pain bilaterally. Previous electrodiagnostic testing demonstrated evidence of right S1 radiculopathy. According to MTUS guidelines electrodiagnostic testing is useful to clarify nerve root dysfunction but is not recommended for clinically obvious radiculopathy. Diagnosis for the right lower limb has already been established. Electrodiagnostic testing may be helpful to clarify findings on the left lower limb. The request as stated for bilateral lower limbs is therefore not medically necessary.