

Case Number:	CM14-0175319		
Date Assigned:	10/28/2014	Date of Injury:	08/05/2009
Decision Date:	12/04/2014	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	10/23/2014

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 New York. 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 patient is a 56 year old male with a date of injury of 08/05/2009. He noted low back pain when carrying a refrigerator up the stairs. He had a L4-L5 fusion. On 05/28/2010 he had a L4-L5 and L5-S1 laminectomy. On 07/11/2011 he had pain was 8/10. He had low back pain radiating to both lower extremities. He also had bilateral upper extremity pain. He was taking Norco, Ibuprofen and Gabapentin. He had an antalgic gait. Lumbar range of motion was decreased. Bilateral straight leg raising was present. Lower extremity strength was normal. Left lateral thigh and leg sensation was decreased. On 01/04/2012 a cervical MRI revealed neural foraminal stenosis at C5-C6 and C6-C7. On 12/12/2012 the pain was 10/10. In 01/2013 he had a C5-C6 and C6-C7 fusion. On 03/11/2013 he had 10/10 low back pain that radiated to both upper and both lower extremities. On 08/12/2013 a thoracic spine MRI was negative for any stenosis. On 08/15/2013 a lumbar MRI revealed L4-L5 fusion without stenosis and L5-S1 mild bilateral foraminal stenosis. During each of the office notes from 2012 and 2013 he had a listed diagnosis of cervical and lumbar radiculopathy. On 04/07/2014 he had 6/10 low back pain radiating to all four extremities. He had memory impairment, numbness and weakness of extremities. He was taking Hydrocodone, Gabapentin and Nortriptyline. On 05/21/2014 cervical and lumbar radiculopathy were noted with 10/10 pain radiating to all four extremities. On 08/11/2014 he had neck, lumbar and all four extremity pain. He had leg pain while walking. The NCS/EMG were requested in 10/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCV/EMG, 2 limbs, neck and shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 8 Neck and Upper Back Complaints Page(s): 165 -188 287 - 316.

Decision rationale: The patient had a listed diagnosis of cervical radiculopathy and lumbar radiculopathy with neck/lumbar pain radiating to all 4 extremities all through 2011, 2012, 2013 and 2014. MTUS ACOEM Chapter 8 Neck and Upper Back complaints noted that EMG/NCS is not recommended "for the diagnosis of nerve root involvement findings of history, physical exam and imaging study are consistent." The same is true in Chapter 12 for lumbar radiculopathy. All through numerous office visits there was severe neck pain and lumbar pain radiating to the extremities and it was noted that neither the lumbar nor the cervical surgery was successful with the exception that some of the left arm pain was improved. The examination findings were unchanged and the treatment with opiates, Gabapentin and later with the addition of Nortriptyline are similar for years. There is insufficient documentation to substantiate the medical necessity of the requested NCS/EMG at this point in time as per MTUS ACOEM criteria.