MAXIMUS Federal Services

Case Number:	CM14-0022393		
Date Assigned:	05/09/2014	Date of Injury:	10/28/1993
Decision Date:	07/10/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/21/2014

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 Anesthesiology and is licensed to practice in Massachusetts, Texas, New Jersey and Connecticut. 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 48 year old male whose date of injury is 10/28/1993. Consultation report dated 10/28/13 noted that the injured worker presented with back pain and left leg pain. He is status post prior lumbar fusion L3-5 in 2000 and L2-3 fusion in 2010. The injured worker has been struggling with intermittent exacerbations of pain with associated left leg weakness and numbness. The injured worker reports that he has been receiving epidural steroid injections over the past several years with good results. These injections provide benefit for at least 3-6 months. Examination reported right lower extremity strength 5/5, with 2+ to 3/5 in the left lower extremity. Sensation was diminished especially in the medial aspect of the whole left lower extremity. MRI of the lumbar spine revealed post-operative changes from prior instrumented fusion of the lumbar spine, with significant stenosis especially at L1 and L2. On 11/02/13 the injured worker underwent lumbar epidural steroid injection via caudal approach. A request for repeat caudal lumbar epidural steroid injection was certified on 02/04/14, but request for EMG/NCV (Electromyography / Nerve Conduction Velocity) was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 ELECTOMYOGRAPHY (EMG): 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.

Decision rationale: ACOEM guidelines for low back disorders provide that EMG may be useful to obtain unequivocal evidence of radiculopathy after failure of conservative care for one month, but EMG is not necessary if radiculopathy is already clinically obvious. Noting that the injured worker in this case has a history of extensive treatment to the lumbar spine including multiple spine surgeries and numerous epidural steroid injections, it appears that the diagnosis of radiculopathy has been made and is well established. Physical examination also revealed motor and sensory changes further demonstrating that radiculopathy is clinically obvious. As such, Electromyography (EMG) is not medically necessary and appropriate.

NERVE CONDUCTION STUDIES (NCS): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back- Lumbar & Thoracic (Acute & Chronic), Current Perception Threshold (CPT) testing.

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

Decision rationale: The guidelines reflect that nerve conduction velocity studies are not supported when a patient is presumed to have symptoms on the basis of radiculopathy. The injured worker has been diagnosed with and treated for radiculopathy with numerous epidural steroid injections. Consequently, nerve conduction studies (NCS) are not supported as medically necessary.