

Case Number:	CM14-0028592		
Date Assigned:	06/16/2014	Date of Injury:	08/12/2013
Decision Date:	07/16/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	03/06/2014

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 Neurology 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 35 year old male who reports sustaining a lower-back injury while performing loading/unloading tasks on 8/12/13, resulting in mild to moderate pain aggravated by movement. A lumbar sprain diagnosis was indicated on 9/2/13; progress reports thereafter indicate that a conservative treatment plan was recommended, including medications, moist heat, ROM exercises, and physical therapy (10 sessions in total) with restricted lifting at work. An MRI performed on 9/27/13 yielded significant findings specific to the lumbar spine with impressions of probable bilateral L5 spondylolysis without spondylolisthesis; a 5 x 8 mm posterior and superior disc extrusion at L5-S1, with mild facet arthropathy, resulting in moderate to severe bilateral neuroforaminal narrowing and mild compression of bilateral exiting foraminal L5 nerve roots, with a possible mass effect from the extrusion abutting the bilateral S1 nerve roots; and Modic Type I changes at the endplates of L5-S1, indicating possible association with pain. Per the progress report dated 12/15/13, the patient remained symptomatic with reports of intermittent slight pain in the lower back and radiation of pain with numbness and cramping sensation in the lower left extremity (Calf). The treating physician recommended an additional course of conservative treatment and requested lower left extremity Electromyography (EMG) and Nerve Conduction Velocity (NCV) studies to substantiate the patient's complaints of symptomology associated with L5 distribution; there are no further documents provided which indicate the status of that request. A progress report from a different physician on 1/29/14 indicates that the patient continued to be symptomatic with pain 6/10. A request was made on 2/5/14 for EMG and NCV studies to document whether the patient has nerve damage consistent with the symptoms of radiculopathy in order that he may proceed with additional pain management therapies.

IMR ISSUES, DECISIONS AND RATIONALES

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

NERVE CONDUCTION VELOCITY (NCV) OF THE LEFT LOWER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 308-310.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-309.

Decision rationale: According to Table 12-8, Summary of Recommendations for Evaluating and Managing Low Back Complaints, it is not recommended to conduct a needle-EMG study (and the concomitant NCV study) where there is clinically-obviated radiculopathy. The MRI from 9/19/13 documents a narrowing and mild compression of bilateral exiting foraminal L5 nerve roots with further possible mass effect from the extrusion abutting the bilateral S1 nerve roots. Progress notes provided state the patient "exhibits the signs and symptoms of radiculopathy," in this case, the innervation of the gastrocnemius (calf). Further diagnostic testing via EMG/NCV is unnecessary as the imaging study is sufficient to corroborate the radiculopathy: it is not probable that the course of treatment would be altered to any effect with the additional diagnostic detail that EMG/NCV studies might provide.

ELECTROMYOGRAM (EMG) OF THE LEFT LOWER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-309.

Decision rationale: According to Table 12-8, Summary of Recommendations for Evaluating and Managing Low Back Complaints, it is not recommended to conduct a needle-EMG study (and the concomitant NCV study) where there is clinically-obviated radiculopathy. The MRI from 9/19/13 documents a narrowing and mild compression of bilateral exiting foraminal L5 nerve roots with further possible mass effect from the extrusion abutting the bilateral S1 nerve roots. Progress notes provided state the patient "exhibits the signs and symptoms of radiculopathy." Further diagnostic testing via EMG/NCV is unnecessary as the imaging study is sufficient to corroborate the radiculopathy: it is not probable that the course of treatment would be altered to any effect with the additional diagnostic detail that EMG/NCV studies might provide.