MAXIMUS Federal Services

Case Number:	CM14-0032211		
Date Assigned:	06/20/2014	Date of Injury:	10/15/2001
Decision Date:	07/22/2014	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	03/13/2014

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, has a subspecialty in Pain Medicine 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 67 year old male whose date of injury is 10/15/11 when he injured his low back secondary to heavy lifting. The records indicate that he is status post L4-S1 lumbar anterior and posterior fusion (date of surgery unknown). He also had spinal cord placement with percutaneous leads and had some relief, but the stimulation did not cover his entire area of low back pain and leg pain. On 02/11/14 the injured worker underwent removal of prior spinal cord stimulator; implantation of new stimulator; T9-10 hemilaminotomies; integration of spinal cord stimulator leads. Progress report dated 02/19/14 noted that the injured worker states that for the first time he is nearly pain free after nearly 13 years. He is very happy having the spinal cord stimulator placed. On examination the injured worker is neurologically intact; incision sites are well healing.

IMR ISSUES, DECISIONS AND RATIONALES

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

(EMG) Electromyography of the bilateral lower extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Electrodiagnostic studies (EDS).

Decision rationale: Per ACOEM, Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. However, the injured worker in this case has undergone a removal of previous spinal cord stimulator replacement with percutaneous leads and replacement with placement of a thoracic spinal cord stimulator with paddle lead and laminectomy. He now reports being nearly pain free. His most recent examination did not include any findings of motor, sensory or reflex changes indicative of radiculopathy/nerve root compromise, and imaging studies did not reveal any neurocompressive pathology of the lumbar spine. As such, request for (EMG) Electromyography of the bilateral lower extremities is not medically necessary and appropriate.

(NCV) Nerve conduction velocities of the bilateral lower extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Nerve conduction studies (NCS).

Decision rationale: Per ACOEM, Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. However, the injured worker in this case has undergone a removal of previous spinal cord stimulator replacement with percutaneous leads and replacement with placement of a thoracic spinal cord stimulator with paddle lead and laminectomy. He now reports being nearly pain free. His most recent examination did not include any findings of motor, sensory or reflex changes indicative of radiculopathy/nerve root compromise, and imaging studies did not reveal any neurocompressive pathology of the lumbar spine. As such, request for (NCV) Nerve conduction velocities of the bilateral lower extremities is not medically necessary and appropriate.