MAXIMUS Federal Services

Case Number:	CM14-0033945		
Date Assigned:	06/20/2014	Date of Injury:	06/02/2010
Decision Date:	07/28/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	03/18/2014

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 Orthopedic Surgery 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 61-year-old male who was reportedly injured on June 2, 2010, February 10, 2009 and March 11, 2007. The mechanism of injury was noted as twisting type injury. The most recent progress note, dated January 8, 2014, indicated that there were ongoing complaints of low back pain with bilateral leg radiation. The physical examination demonstrated claimant to be 5'4" tall and weighed 170 pounds. There was tenderness along the iliac crest and in the lumbar spine standing. Flexion and extension was guarded on the left. The patient did admit to his knee giving way and dragging his feet consistent with what appeared to be a possible foot drop. Diagnostic imaging studies included electrodiagnostic studies on March 3, 2011, which were consistent with lumbosacral plexopathy and possible radiculopathy and bilateral S1 radiculopathy. A documented magnetic resonance image of the lumbar spine, revealed a 6 mm left paramedian upward pointing disc protrusion extrusion with possible left subarticular recess impingement and abutting the exiting L4. Plain films revealed space height collapse. Previous treatments included ongoing exercise therapy, tramadol, protonix, urine drug screens and two lumbar epidural injections. Request had been made for neurodiagnostic studies of bilateral lower extremities and decision for posterior lumbar fusion at L4-L5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) 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.

Decision rationale: According to the California Medical Treatment Utilization Schedule MTUS, electromyogram (EMG) studies, including H reflex studies, are useful to identify subtle, neurological dysfunction in patients who have had symptoms of lower back lasting more than 3 to 4 weeks. The claimant has a history of his knee giving away and dragging his feet. There was no physical examination on supporting a foot drop. Further electromyogram and nerve conduction velocity (EMG-NCV) testing was done previously and indicated S1 radiculopathy without evidence of neurological signs at this level. An EMG of the lower extremities is not medically necessary.

Nerve conduction velocity (NCV) bilater lower extremity: 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.

Decision rationale: As stated above, the American College of Occupational and Environmental Medicine (ACOEM) supports nerve conduction velocities to help identify focal neurological dysfunction in patients whose low back symptoms have lasted more than 3 to 4 weeks. Given the lack of documentation of a neurological exam and given evidence of an L4-L5 radiculopathy, the request for a nerve conduction velocity (NCV) bilateral lower is not medically necessary.

L4-5 posterior lumbar fusion (PLIF) with reduction to listhesis: 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.

Decision rationale: Based on the guidelines, a spinal fusion in the absence of a fracture, dislocation, complication of the tumor, or infection or lack of instability is not recommended. Review of the medical records document a diagnosis of cervical and lumbar radiculopathy, chronic pain that failed to demonstrate any criteria for lumbar fusion. Plain films failed to demonstrate any instability. Given the lack of documentation, the request for L4-5 posterior lumbar fusion (PLIF) with reduction to listhesis is not medically necessary.