

Case Number:	CM14-0039600		
Date Assigned:	06/27/2014	Date of Injury:	03/10/2009
Decision Date:	08/19/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	04/04/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Texas and Ohio. 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 45-year-old male who reported an injury on 03/10/2009. The mechanism of injury was not stated. The current diagnoses include post laminectomy syndrome in the lumbar region and opioid type dependence. The latest physician progress report submitted for this review is documented on 02/28/2014. The injured worker reported persistent pain associated with tingling, numbness and weakness in the lower extremities. Physical examination revealed limited lumbar range of motion, a well healed vertical incision over the lumbar region, tenderness to palpation, spasm, sciatic notch tenderness, positive facet loading maneuver bilaterally, and positive straight leg raising, diminished strength in the bilateral lower extremities, and diminished sensation in the bilateral L5 and S1 dermatomes. Treatment recommendations at that time included authorization for a spinal surgery consultation and continuation of the current medication regimen.

IMR ISSUES, DECISIONS AND RATIONALES

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

ELECTROMYOGRAPHY/NERVE CONDUCTION STUDIES OF THE LOWER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES/CHAPTER LOW BACK/EMGS.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Electrodiagnostic Studies.

Decision rationale: The California MTUS ACOEM Practice Guidelines state electromyography may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. The Official Disability Guidelines state electromyography may be useful to obtain unequivocal evidence of radiculopathy after one month of conservative therapy, and is not necessary if radiculopathy is clinically obvious. Nerve conduction studies are not recommended. As per the documentation submitted, the injured worker's physical examination revealed positive straight leg raising bilaterally, diminished strength bilaterally, and diminished sensation in the bilateral L5 and S1 dermatomes. As the Official Disability Guidelines do not recommend electrodiagnostic studies when radiculopathy is already clinically obvious, the current request cannot be determined as medically necessary. As such, the Electromyography/Nerve Conduction studies of the lower extremities is not medically necessary.