

Case Number:	CM14-0044930		
Date Assigned:	07/02/2014	Date of Injury:	05/26/2013
Decision Date:	12/31/2014	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	04/11/2014

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 and Rehabilitation, has a subspecialty in Pain Medicine, Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant has a history of a work injury occurring on 05/26/13 when, while working as a fiberglass technician, he slipped, falling backward striking his back. He had gradually increasing low back pain and developed right lower extremity numbness and tingling. An MRI of the lumbar spine in July 2013 included findings of multilevel disc extrusions with right lateralization at L3-4 and L5-S1. Findings also showed a complex coccyx fracture. He underwent lumbar spine surgery at L5-S1 on 09/03/13 and had postoperative physical therapy including pool therapy with temporary relief. He was seen on 03/13/14. His history of injury was reviewed. Following surgery there had been improvement in leg symptoms but with an increase in back pain. He was having severe low back pain radiating into the buttocks with right lower extremity numbness and weakness. He had low back stiffness and tightness. He had limited positional tolerances and was ambulating with a cane. He had a negative past medical history. Physical examination findings included an antalgic gait. He had decreased and painful lumbar spine range of motion. There was low back pain with straight leg raising. He had decreased right lower extremity strength. Imaging results were reviewed. EMG/NCS testing was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV of right lower extremity as an outpatient: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Low Back-Lumbar & Thoracic (Acute & Chronic), EMGs (electromyography) (2). Other Medical Treatment Guideline or Medical Evidence: AANEM Recommended Policy for Electrodiagnostic Medicine.

Decision rationale: The claimant is more than one year status post work-related injury and continues to be treated for back pain and right lower extremity numbness and weakness. Treatment has included a lumbar spine surgery in September 2013. The claimant has multiple disc herniation and underwent treatment at the L5-S1 level. Electromyography (EMG) testing is recommended as an option and may be useful to obtain unequivocal evidence of radiculopathy. In this case it would be medically necessary as it could determine whether the claimant's symptoms were from a different disc herniation. Guidelines recommend that except in unique circumstances electromyography and nerve conduction studies should be performed together in the same electrodiagnostic evaluation when possible. Therefore, the requested EMG/NCS of the right lower extremity was medically necessary.