MAXIMUS Federal Services

Case Number:	CM14-0048595		
Date Assigned:	06/25/2014	Date of Injury:	04/25/2012
Decision Date:	07/29/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	03/28/2014

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 General Surgery, has a subspecialty in Surgical Critical Care and is licensed to practice in Texas. 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 44-year-old male who sustained an injury on 04/25/2012 while pulling a heavy roll of paper from a rack to prevent it from falling and twisted his back. Prior treatments have included physical therapy (PT), steroid injection, NSAIDs, muscle relaxants, ibuprofen, Tylenol, naproxen, gabapentin, nortriptyline, work restrictions and use of a cane. A lumbar MRI on 12/21/2012 revealed at L2-L3 level central disc herniation/extrusion with significant narrowing of the spinal canal to 8 mm. At the L3-L4 disc, there was mild narrowing and stenosis of the right neural foramen and lateral recess, with encroachment of the right L4 nerve root. At the L4-L5 level, there was evidence of bilateral neural foraminal narrowing, encroaching both at the L5 exiting and L4 nerve roots bilaterally, associated with some degree of retrolisthesis of L4 on L5 with spinal stenosis of 7 millimeter. There was some degree of arthritis changes. An EMG/NCV of the lower extremities performed on 04/09/2014 was normal. In an evaluation on 02/18/14, the claimant had ongoing pain in his back radiating to bilateral legs, some burning in his bilateral foot and numbness in the bilateral legs. The pain was about 8/10. The patient was still using a cane. Examination of lumbar spine revealed tenderness to palpation of the lumbar paraspinals; forward flexion at 60, extension 20 degrees, side bending and rotation with pain; positive femoral stretch sign on the right; positive straight leg raise on the left at 60 degrees; decreased sensation in the L5 dermatome on the left and in the L2 dermatome on the right; some weakness with 4+/5 dorsiflexion on the left and some decreased range of motion of bilateral hips with some pain. The diagnoses were left L5 radiculopathy, right L2 radiculopathy and bilateral arthritis in both hips. The plan was for EMG of bilateral legs and probably doing an epidural steroid injection after the EMG. Gabapentin was increased to 300 mg. On 03/05/2014, the request for electromyography and nerve conduction studies of bilateral lower extremities between 02/27/14 and 04/13/14 was noncertified.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG of the Bilateral Lower Extremeities: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC, Online Edition, Chapter: Low Back - Lumbar and Thoracic, Electrodiagnostic studies.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303 and 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Electrodiagnostic studies (EDS), EMGs (electromyography).

Decision rationale: The requested electromyography (EMG) is reasonable to help discern whether there is an Acute or Chronic radiculopathy. The claimant appears to have objective physical evidence of radiculopathy with decreased sensation in the left L5 dermatome and weakness of dorsiflexion on the left. This request is in keeping with ACOEM and ODG recommendations and therefore is considered medically necessary.

NCV of the Bilateral 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 - TWC, Online Edition, Chapter: Low Back - Lumbar and Thoracic, Electrodiagnostic studies.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Electrodiagnostic studies (EDS), Nerve conduction studies (NCS).

Decision rationale: While EMG may help to discern acute from chronic radiculopathy, the addition of Nerve Conduction Studies are not medically necessary given the preponderance of objective physical findings consistent with radiculopathy. ODG holds that NCS are not medically necessary. Therefore, the NCV is not medically necessary.