MAXIMUS Federal Services

Case Number:	CM14-0049865		
Date Assigned:	09/03/2014	Date of Injury:	09/03/2008
Decision Date:	09/30/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	04/17/2014

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 Neurology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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:

4/11/14 note indicates pain in the low back worse with cold weather. There are spasms at times. There is no numbness or tingling reported per the insured. Examination notes reduced range of motion. MRI of 2/14/14 is reported to show L4-5 post surgical findings. EMG done "over 1 year prior was noted to show L5 radiculopathy." EMG was requested by treating physician to evaluate "off and on numbness and tingling in the lower extremities though condition has been better recently. 5/12/14 note indicates pain in the back. There is reported tenderness on examination in the lumbar muscles with reported positive SLR on the right. 6/13/14 note indicates persistent low back pain from anterior fusion at L4-5. Exam notes tenderness in lumbar paraspinal muscles and pain along abdominal scar. Continued medical management was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) for the bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back, EMG.

Decision rationale: The medical records indicate a history or prior lumbar surgery for radiculopathy with periodic residual numbness and tingling that has improved over last few visits documented. The diagnosis of the treating provider is radiculopathy and the physical examinations do not document any specific neurologic deficits that represent a worsening or new findings over time. EMG is not supported under ODG guidelines to evaluate radiculopathy already diagnosed (clinically obvious). There is no indication by the treating physician of other etiology for symptoms for which EMG would be clinically helpful or objective physical findings in support of another diagnosis other than radiculopathy. The request is not medically necessary.

Nerve conduction study (NCS) for the bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back, NCV.

Decision rationale: The medical records indicate a history or prior lumbar surgery for radiculopathy with periodic residual numbness and tingling that has improved over last few visits documented. The diagnosis of the treating provider is radiculopathy and the physical examinations do not document any specific neurologic deficits that represent a worsening or new findings over time. NCV is not supported under ODG guidelines to evaluate radiculopathy already diagnosed (clinically obvious). There is no indication by the treating physician of other etiology for symptoms for which NCV would be clinically helpful or objective physical findings in support of another diagnosis other than radiculopathy. The request is not medically necessary.