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| Case Number: | CM14-0050284 | | |
| Date Assigned: | 06/25/2014 | Date of Injury: | 12/04/2012 |
| Decision Date: | 07/31/2014 | UR Denial Date: | 03/19/2014 |
| Priority: | Standard | Application Received: | 03/25/2014 |

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 Anesthesiology, has a subspecialty in Pain Medicine 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 60 year old male whose date of injury is 12/04/12. The mechanism of injury is not described, but the injured worker is noted to have pain and numbness in the bilateral upper extremities as well as the left leg. The injured worker has undergone 2 cervical epidural steroid injections with significant benefit from the first injection, and the second injection was somewhat helpful in alleviating his neck pain. The physical examination of the lumbar spine on 01/14/14 revealed straight leg raise positive on the left at 60 degrees, negative on the right. There was tenderness/pain to palpation of the lumbar facets bilaterally at L3-S1. There is limited range of motion with flexion and extension with pain. Motor strength was 5/5 except pain inhibited in the left hip flexors. There was decreased sensation in the left lateral thigh and calf area. Deep tendon reflexes were intact throughout. The injured worker also is noted to be status post right carpal tunnel release.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography of the left lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back Procedure Summary.

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

Decision rationale: The current-evidence guidelines provide that EMG may be indicated to obtain equivocal evidence of radiculopathy after one month of conservative care. It appears that the injured worker in this case has had extensive treatment for the cervical spine, but no treatment is documented for the lumbar spine. He apparently developed left leg symptoms after undergoing a second cervical epidural steroid injection. No previous diagnostic/imaging studies of the lumbar spine were documented with objective evidence of a neurocompressive lesion. Based on the clinical information provided, medical necessity is not established for Electromyography (EMG) of the left lower extremity. As such, the request is not medically necessary.

Nerve conduction velocity of the left lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back Procedure Summary.

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

Decision rationale: NCV's are not indicated when a patient is presumed to have symptoms on the basis of radiculopathy. It appears that the injured worker in this case has had extensive treatment for the cervical spine, but no treatment is documented for the lumbar spine. He apparently developed left leg symptoms after undergoing a second cervical epidural steroid injection. No previous diagnostic/imaging studies of the lumbar spine were documented with objective evidence of a neurocompressive lesion. He has evidence of decreased sensation to the left lower extremity, but there is no documentation that the injured worker has had any conservative treatment to address the lumbar spine/lower extremities. As such, medical necessity is not established for NCV of the left lower extremity.