

Case Number:	CM14-0073947		
Date Assigned:	07/16/2014	Date of Injury:	04/06/2009
Decision Date:	08/14/2014	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	05/21/2014

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 Texas and 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:

The patient sustained injury on 4/6/2009. The diagnoses are lumbar radiculopathy, headache and upper back pain. There is an associated diagnosis of depression. The patient had completed physical therapy, acupuncture, and L5-S1 microdecompression surgery in 2013. A 2012 MRI of the lumbar spine showed degenerative disc disease, multilevel facet arthropathy and L5-S1 disc bulge with contact to right S1 nerve root. There was a past EMG/NCS but the report was not available. The medications are Hydrocodone for pain and Cyclobenzaprine for muscle spasm. The back pain was reported as burning, tingling and stabbing with sensations of numbness in the lower extremities. On 4/26/2014, [REDACTED] noted subjective complaints of the pain being worse than pre-surgical level. The patient had antalgic gait and was ambulating with a Cane. There was decreased sensation in the left L4,L5 and S1 dermatomes. A Utilization Review determination was rendered on 5/12/2014 recommending non certification for EMG(electromyography)/NCS(nerve conduction studies) of bilateral lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCS of the bilateral lower extremities: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.
Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back chapter.

Decision rationale: The CA MTUS did not address the use of EMG/NCS in the evaluation of chronic low back pain. The ODG guideline recommend that NCS/EMG may be useful when there is equivocal evidence of radiculopathy . The patient had subjective, objective and radiological findings indicative of established lumbar radiculopathy. The record indicate that a prior EMG/NCS had already confirmed lumbar radiculopathy. Therefore, further confirmatory tests are not clinically important. The criteria for EMG/NCS bilateral lower extremities was not met. Therefore, the request is not medically necessary.