

Case Number:	CM14-0075199		
Date Assigned:	07/16/2014	Date of Injury:	01/14/2013
Decision Date:	09/18/2014	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	05/23/2014

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, 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 female who was reportedly injured on 01/04/2013. The mechanism of injury was not listed in the records reviewed. It was noted that the injured worker is attending postoperative physical therapy (PT). The injured worker reported worsening symptoms post operatively and is under pain management treatment. On the physical exam, the injured workers' lumbar range of motions (ROM) were with flexion at 35 degrees, extension at 10 degrees and left lateral bending at 20 degrees. The injured worker has decreased right L4-5 sensory function. The injured workers' strength in the lower extremities was 5-/5 to 5/5. The low back EMG and NCV dated 03/12/2014 was reported to show normal nerve conduction studies findings, abnormal right lower extremity H-reflex and normal left lower extremity H-reflex. The pre-operative Electromyogram dated 03/06/2013 reportedly showed right tibial motor nerve S1-S2 delayed latency. A request was made for Electromyogram (EMG) of the bilateral lower extremities and nerve conduction study (NCS) of the bilateral lower extremities and was denied on 04/22/2014. There has been a subsequent Agreed Medical Examination by another physician who opined that further surgery is unlikely to be of any benefit.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG 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, chronic pain, EMG/NCS.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Electrodiagnostic testing (EMG/NCS).

Decision rationale: This is 44 year old female claimant who sustained an industrial injury on 1/14/13. The claimant has had a epidural steroid injection on 8/23/13 which made her symptoms worse. She then underwent microlumbar discectomy(MLD) at L5S1 on 12/18/13. The claimant did not gain any benefit from the MLD and has been in chronic pain. The claimant states that while in post operative physical therapy she felt an acute exacerbation of her symptoms again. There has been an Agreed Medical Exam on 6/4/14 and stated that the claimant is unlikely to benefit from any further surgery. The agreed medical examiner reviewed the EMG/NCV from 3/16/14 and did not address or express any need for repeat EMG/NCV given the findings of 3/12/14. Therefore the request for repeat EMG/NCV which remains not medically necessary.

NCS 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 Chronic pain, EMG?NCS.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Electrodiagnostic testing (EMG/NCS).

Decision rationale: This is 44 year old female claimant who sustained an industrial injury on 1/14/13. The claimant has had a Epidural steroid injection on 8/23/13 which made her symptoms worse. She then underwent microlumbar discectomy (MLD) at L5S1 on 12/18/13. The claimant did not gain any benefit from the MLD and has been in chronic pain. The claimant states that while in post operative physical therapy she felt an acute exacerbation of her symptoms again. There has been an Agreed Medical Exam on 6/4/14 and it stated that the claimant is unlikely to benefit from any further surgery. The agreed medical examiner reviewed the EMG/NCV from 3/16/14 and did not address or express any need for repeat EMG/NCV given the findings of 3/12/14. Therefore the request for repeat EMG/NCV which remains not medically necessary.