

Case Number:	CM14-0076634		
Date Assigned:	07/18/2014	Date of Injury:	12/18/2012
Decision Date:	09/08/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	05/27/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 36-year-old individual was reportedly injured on December 18, 2012. The mechanism of injury was noted as a cabinet striking the claimant in the back. The most recent progress note, dated June 30, 2014, indicated that there were ongoing complaints of mid low back pain with severe right lower extremity radicular pain rating to the right buttock, lateral thigh, and calf. Associated symptoms include numbness over the right lateral foot with a pins and needles sensation in the more proximal portion of the leg. The physical examination demonstrated normal motor function of the lower extremities with diminished sensation over the right lower extremity and a positive straight leg raise on the right. Leg raise was negative on the left. Examination lumbar spine revealed difficulty weight bearing on the right lower extremity, exquisite tenderness to palpation over the right paralumbar muscles, and diminished lumbar range of motion. The clinician recommended operative intervention to include laminotomy and discectomy at L4-L5. Previous electrodiagnostic studies were performed on December 13, 2013 including electromyography/ nerve conduction velocity (EMG/NCV) study of both lower extremities, which demonstrated no evidence of radiculopathy. A magnetic resonance imaging (MRI) of the lumbar spine was performed on December 2, 2013, which demonstrated evidence of a disc herniation impinging on the thecal sac compromising both lateral recesses. Previous treatment included a Medrol dose pack, a lumbar epidural steroid injection that provided no relief, muscle relaxants, and oral opiates. A request had been made for repeat bilateral lower extremity EMG/NCV studies and was not certified in the pre-authorization process on May 13, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) to the right lower extremity (or bilateral lower extremities):
Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: The ACOEM supports the use of electromyography (EMG) in the lower extremity when a computed tomography (CT) or magnetic resonance imaging (MRI) is equivocal and there are ongoing pain complaints that raise questions about whether or not there may be a neurological compromise. Based on the clinical documentation provided, MRI evidence of nerve root compression and previous electrodiagnostic studies have been obtained. The radiculopathies reproducible on examination were consistent with the findings on MRI. As such, the ACOEM does not support the request repeat studies, and this request is considered not medically necessary.

Nerve conduction velocity (NCV) study to the right lower extremity (or bilateral lower extremities): Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: The ACOEM does not support the use of nerve conduction velocity studies in the lower extremity unless there is concern of peripheral nerve root entrapment rather than entrapment at the lumbar spine. Based on clinical documentation provided, claimant has evidence of right lower extremity radiculopathy and in dermatomal distribution with evidence of nerve root compression on magnetic resonance imaging (MRI). As such, the requested repeat nerve conduction velocity studies are considered not medically necessary.