

Case Number:	CM14-0077308		
Date Assigned:	07/18/2014	Date of Injury:	05/19/2011
Decision Date:	09/22/2014	UR Denial Date:	05/02/2014
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 & Rehabilitation 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 59-year old male who reported an injury on 05/19/2011 due to an unspecified cause of injury. The injured worker had a history of lower back pain, left thigh pain, and left toe numbness. The diagnosis included lumbago, lumbosacral spondylosis without myelopathy, and spinal stenosis of the lumbar region. The MRI of the lumbar spine dated 06/11/2014, revealed disc bulges and protrusions throughout the mid and lower lumbar spine, particularly at the L3-4 and the L4-5 with central spinal canal stenosis and neural foraminal narrowing, transitional anatomy and subacute or chronic compression deformity at L4, which was narrowed in craniocaudad dimension by approximately 20 percent. The diagnostics included an electromyogram/nerve conduction study that was dated 05/14/2014, and it revealed chronic left L4-5 radiculopathy and right L4 radiculopathy. The past treatment included a lumbar epidural steroid injection dated 08/30/2012, to the bilateral L4-5. The medications included Tramadol, Diazepam 10 mg, Hydrocodone 500 mg, Naproxen 500 mg, and Provacel. The injured worker reported lower back pain 7/10 using the Visual Analog Scale (VAS). The physical examination of the lumbar spine dated 06/11/2014, revealed a left distribution of pain down posterior thigh at the S1, the left L5 distribution of pain down to the lower extremity, a right L4 radiculopathy with neuro and motor 5/5 bilaterally to lower extremities, and reflexes 2+ to patellar bilaterally. The treatment plan included electromyography of the left lower extremity. The electromyography to the right lower extremity, nerve conduction studies to the left lower extremity and nerve conduction studies to the right lower extremity. The Request for Authorization dated 07/18/2014 was submitted with documentation. The rationale for the electromyogram and nerve conduction study was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography Left Lower Extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), EMGs (electromyography).

Decision rationale: The request for the electromyography of the left lower extremity is not medically necessary. The Official Disability Guidelines (ODG) recommend as an option. Electromyography may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, electromyography is not necessary if radiculopathy is already clinically obvious. As such, the request is not medically necessary.

Electromyography Right Lower Extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) EMGs (electromyography).

Decision rationale: The request for the electromyography of the right lower extremity is not medically necessary. The Official Disability Guidelines (ODG) recommend as an option (needle, not surface). EMGs (electromyography) may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. As such, the request is not medically necessary.

Nerve Conductive Studies Left Lower Extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Nerve conduction studies (NCS).

Decision rationale: The request for nerve conduction studies left lower extremity is not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. As such, the request is not medically necessary.

Nerve Conductive Studies right lower Extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Nerve conduction studies (NCS).

Decision rationale: The request for nerve conduction studies right lower extremity is not recommended. Per the Official Disability Guidelines (ODG), there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. (There was no "not") As such, the request is not medically necessary.