

Case Number:	CM14-0086590		
Date Assigned:	07/23/2014	Date of Injury:	08/29/2011
Decision Date:	09/10/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	06/10/2014

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, has a subspecialty in Pain Management 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 39 year old female who sustained an injury to her low back on 08/29/11 due to a trip and fall. The records indicate that the injured worker is status post L4-5 laminotomy and discectomy with left L5-S1 laminotomy dated 11/17/11. The injured worker subsequently developed failed back surgery syndrome with epidural fibrosis of bilateral L5 and significant residual stenosis, left greater than right and residual left L5 radiculopathy, per MRI of the lumbar spine dated 09/10/12. MRI of the lumbar spine dated 01/15/14 reportedly described posterior decompression and residual disc bulges and stenosis. A clinical note dated 04/16/14 reported that the injured worker now has chronic low back and left-sided sciatic numbness/pain in the L5 distribution. Physical examination noted positive left straight leg raising, reduced left L5 sensation and weakness of the extensor hallucis longus (EHL). It was noted that there were no unexplained findings whatsoever.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography bilateral lower extremities: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter, Electrodiagnostic studies (EDS).

Decision rationale: The request for Electromyography (EMG)/Nerve Conduction Study (NCS) of the bilateral lower extremities is not medically necessary. The previous request was denied on the basis that these studies appear to be completely unnecessary for diagnostic purposes, as the diagnosis of radiculopathy is clear. The Official Disability Guidelines (ODG) states that "NCS is not recommended for low back conditions and EMGs are recommended as an option for low back complaints." The ODG also states that "EMGs (electromyography) may be useful to obtain unequivocal evidence of radiculopathy, after one month of conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious." Given that radiculopathy has already been established, medical necessity of the request for EMG/NCV of the bilateral lower extremities has not been established.

Nerve conduction velocity study bilateral lower extremities: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter, Electrodiagnostic studies (EDS).

Decision rationale: The request for Electromyography (EMG)/Nerve Conduction Study (NCS) of the bilateral lower extremities is not medically necessary. The previous request was denied on the basis that these studies appear to be completely unnecessary for diagnostic purposes, as the diagnosis of radiculopathy is clear. The Official Disability Guidelines (ODG) states that "NCS is not recommended for low back conditions and EMGs are recommended as an option for low back complaints." The ODG also states that "EMGs (electromyography) may be useful to obtain unequivocal evidence of radiculopathy, after one month of conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious." Given that radiculopathy has already been established, medical necessity of the request for EMG/NCV of the bilateral lower extremities has not been established.