

Case Number:	CM14-0087161		
Date Assigned:	07/23/2014	Date of Injury:	10/19/2010
Decision Date:	10/15/2014	UR Denial Date:	05/21/2014
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 Internal Medicine and is licensed to practice in New York. 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 is a 54 year old male with a date of injury on 10/19/2010. The mechanism of injury was not provided. He has been diagnosed with lumbar degenerative disease with lumbar radiculopathy. On 09/09/2011 he had an EMG/NCS that revealed bilateral L5 and S1 nerve root involvement lumbar radiculopathy. He had a lumbar MRI in 2011. He had lumbar surgery two years ago. He has also been treated with Norco, Valium, Gabapentin, NSAIDS, physical therapy, Tramadol, Prilosec and epidural steroid injections. On 05/07/2014 the patient noted marked improvement after the epidural steroid injection. He had neck pain to his back with minimal radiation of pain to his extremities. He had a normal lumbar lordosis with normal range of motion. Motor strength was 5/5 except for 4/5 in the anterior and posterior tibialis muscles. Physical therapy was to be continued. However, on 07/01/2014 a MRI of the lumbar spine revealed left lumbar foraminal narrowing at L3 - S1. On 07/02/2014 he had lumbar radiculopathy to his left calf and foot. A left L4-L5 and L5-S1 laminotomy with decompression was requested. The physical exam on 07/02/2014 was unchanged compared to 02/26/2014. On 08/08/2014 the requested lumbar surgery was approved.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG (Electromyelography) study of the left lower extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and

Environmental Medicine (ACOEM) Practice Guidelines; <https://acoempracguides.org/Low Back; Table 2, Summary of Recommendations, Low Back Disorders>

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): page(s) 287 - 310..

Decision rationale: The patient has already been diagnosed with a lumbar radiculopathy and had EMG/NCS. Further EMG/NCS are not needed. MTUS, ACOEM Chapter 12, low back complaints, Table 12-8 notes that EMG/NCS are not recommended for clinically obvious lumbar radiculopathy. Furthermore, this patient has already been certified for lumbar decompression laminectomy and further diagnostic studies to ascertain if he is a candidate for surgery are not needed. Therefore, the request is not medically necessary.

EMG (Electromyography) study of the right lower extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines; <https://acoempracguides.org/Low Back; Table 2, Summary of Recommendations, Low Back Disorders>

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-310.

Decision rationale: The patient has already been diagnosed with a lumbar radiculopathy and had EMG/NCS. Further EMG/NCS are not needed. MTUS, ACOEM Chapter 12, low back complaints, Table 12-8 notes that EMG/NCS are not recommended for clinically obvious lumbar radiculopathy. Furthermore, this patient has already been certified for lumbar decompression laminectomy and further diagnostic studies to ascertain if he is a candidate for surgery are not needed. Therefore, the request is not medically necessary.

EMG (Electromyography) study of the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines; <https://acoempracguides.org/Low Back; Table 2, Summary of Recommendations, Low Back Disorders>

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NCV (Nerve Conduction Velocity) study of the right lower extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines; <https://acoempracguides.org/Low Back; Table 2, Summary of Recommendations, Low Back Disorders>

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): page(s) 287 - 310..

Decision rationale: The patient has already been diagnosed with a lumbar radiculopathy and had EMG/NCS. Further EMG/NCS are not needed. MTUS, ACOEM Chapter 12, low back complaints, Table 12-8 notes that EMG/NCS are not recommended for clinically obvious lumbar radiculopathy. Furthermore, this patient has already been certified for lumbar decompression laminectomy and further diagnostic studies to ascertain if he is a candidate for surgery are not needed. Therefore, the request is not medically necessary.

NCV (Nerve Conduction Velocity) study of the left lower extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines; <https://acoempracguides.org/Low Back; Table 2, Summary of Recommendations, Low Back Disorders>

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NCV (Nerve Conduction Velocity) study of the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines; <https://acoempracguides.org/Low Back; Table 2, Summary of Recommendations, Low Back Disorders>

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