

Case Number:	CM13-0031844		
Date Assigned:	12/04/2013	Date of Injury:	03/02/1995
Decision Date:	01/31/2015	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	10/04/2013

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 Rehab 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 47 year old female with a date of injury as 03/02/1995. The cause of the injury was not included in the documentation received. The current diagnoses include lumbar disk herniation at L4-L5 and L5-S1 with radiculopathy, segmental instability, status post hemilaminectomy and microdiscectomy, history of left inguinal pain following episodes of loss of consciousness, medication related, plantar fasciitis, right and left, symptoms of anxiety and depression, symptoms of insomnia, long term narcotic use with GI and systemic sequelae, weight gain, status post lumbar epidural steroid injection with 55% of pain relief with lesser need of medication, bilateral swelling of both legs, rule out deep vein thrombosis. Previous treatments include multiple medications, hemilaminectomy and microdiscectomy, and lumbar epidural steroid injection. Primary treating physician's reports dated 04/12/2013 through 08/26/2013 were included in the documentation submitted for review. Report dated 08/26/2013 noted that the injured worker presented with complaints that included pain in the low back rated as 9 out of 10 on the pain scale. It was further noted she has developed difficulty sleeping, difficulty with sexual function, dizziness, headache, and anxiety and depression due to the pain. Physical examination revealed decreased range of motion, tenderness over the paravertebral musculature bilaterally, hypokinesia at the anterior lateral aspect of the foot and ankle of an incomplete nature with tenderness around the dermatome level of L3, L4, and L5. The injured worker is on modified work restrictions. The utilization review performed on 09/12/2013 non-certified a prescription for EMG/NCV bilateral lower extremities based on no report of a postoperative more recent MRI or CT scan which might resolve the diagnosis. The reviewer referenced the California MTUS and ACOEM in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG of the Bilateral Lower Extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines Plus, Online, Low Back Disorders, Diagnostic investigations, Electromyography

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: This 47 year old female sustained an injury on 3/2/1995. The current diagnoses include lumbar disk herniation at L4-L5 and L5-S1 with radiculopathy, segmental instability, status post hemilaminectomy and microdiscectomy. There is history of left inguinal pain following episodes of loss of consciousness, medication related, plantar fasciitis, right and left, symptoms of anxiety and depression, symptoms of insomnia, long term narcotic use with GI and systemic sequelae, weight gain, status post lumbar epidural steroid injection with 55% of pain relief with lesser need of medication, bilateral swelling of both legs, rule out deep vein thrombosis. Previous treatments include multiple medications, hemilaminectomy and microdiscectomy, and lumbar epidural steroid injection. Reports note chronic ongoing symptom complaints with unchanged clinical exam findings. Per Guidelines, EMG is not recommended as there is minimal justification for performing electromyography when a patient is presumed to have symptoms and clinical findings consistent with radiculopathy. Additionally, electrodiagnostic studies of needle EMG is recommended where a CT or MRI is equivocal and there are ongoing pain complaints that raise questions about whether there may be a neurological compromise that may be identifiable (i.e., leg symptoms consistent with radiculopathy, spinal stenosis, peripheral neuropathy, etc.); however, although there is no MRI report provided, clinical findings are unchanged with diagnosis of lumbar radiculopathy. Diagnostic evaluations and results may assist providers in the appropriate treatment plan as with EMG for clinical indication of lumbar epidural steroid injections to relieve symptom complaints; however, the epidural injections have not provided long-term relief or functional improvement. There were no neurological deficits defined or conclusive imagings identifying possible neurological compromise. Submitted reports have not adequately demonstrated failed conservative trial with plan for surgical intervention or change in treatment towards a functional restoration rehabilitation course. The EMG of the Bilateral Lower Extremities is not medically necessary and appropriate.

NCV of the Lower Extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines Plus, Online, Low Back Disorders, Diagnostic investigations, Electromyography

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: This 47 year old female sustained an injury on 3/2/1995. The current diagnoses include lumbar disk herniation at L4-L5 and L5-S1 with radiculopathy, segmental instability, status post hemilaminectomy and microdiscectomy. There is history of left inguinal pain following episodes of loss of consciousness, medication related, plantar fasciitis, right and left, symptoms of anxiety and depression, symptoms of insomnia, long term narcotic use with GI and systemic sequelae, weight gain, status post lumbar epidural steroid injection with 55% of pain relief with lesser need of medication, bilateral swelling of both legs, rule out deep vein thrombosis. Previous treatments include multiple medications, hemilaminectomy and microdiscectomy, and lumbar epidural steroid injection. Reports note chronic ongoing symptom complaints with unchanged clinical exam findings. There were no specific neurological deficits defined or conclusive imagings identifying possible neurological compromise of foraminal, central canal stenosis, or nerve root impingement. Additionally, the presumed diagnosis and treatment is lumbar radiculopathy; hence, NCS without suspicion or findings of entrapment syndrome has not been established to meet guidelines criteria. The NCV of the Lower Extremities is not medically necessary and appropriate.