

Case Number:	CM14-0196577		
Date Assigned:	12/10/2014	Date of Injury:	02/04/2014
Decision Date:	01/15/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	11/24/2014

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 American Board of Internal Medicine 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:

This is a 59-year old male patient with an injury date of 02/04/2014 described as experiencing a fall while carrying a heavy box he fell backwards and hurt his lower back. He reported the injury to employer and noted being medically evaluated. He was diagnosed with lumbar spine strain/sprain; given medication and therapy without any improvement. An orthopedic follow up visit dated 03/28/2014 reported the worker currently on light duty work and with complaints of mild pain in the low back that radiates bilaterally down both legs and is associated with paresthesia's to the legs. The symptoms worsen with repetitive lifting, pushing and pulling. Range of motion was described as follows: forward flexion at 20-45 degrees, extension at 25-45 degrees, right lateral bend at 20-40 degrees, left lateral bend at 20-40 degrees and right rotation at 35-50 degrees. An MRI without contrast dated 03/05/2014 revealed a combination of degenerative disc disease, facet arthropathy, ligamennum redundancy and dorsal epidural fat contributing to moderate L2-L3 spinal canal stenosis. A second orthopedic follow up dated 05/30/2014 showed continues with persistent pain in the lower back to include radiation to bilateral legs with numbness and tingling. Range of motion to the lumbar spine is as follows: forward flexion at 40 degrees, extension at 0 degrees, right lateral bends at 5 degrees, left lateral bend at 5 degrees, right rotation at 5 degrees and left rotation at 5 degrees. The diagnostic impression noted spinal stenosis and radiculopathy, recommending lumbar laminectomy at L4-L5 and L5-S-1. A primary treating physician visit dated 08/01/2014 described the patient with complaint of persistent stabbing back and leg pain. He was diagnosed with central left-sided disc herniation at L5-S1 and L4-L5 central lateral recess stenosis with probable spondylolisthesis. The patient is awaiting authorization for pain management at this time. On 11/06/2014 a comprehensive pain management consultation performed revealed a noted wide based gait, and a heel toe walk performed with difficulty secondary to back pain. Visual inspection found diffuse

lumbar paravertebral muscle tenderness noted and there is moderate facet tenderness at L4-S-1 levels. Lumbar spine range of motion noted as follows: lateral bending right at 20 degrees, left at 20 degrees, flexion at 60 degrees and extension at 10 degrees. He was diagnosed with lumbar discopathy, lumbar radiculopathy and lumbar facet syndrome. Nerve studies were also recommended at that time. A request for interferential unit 30 days home trial use dated 11/24/2014. The Utilization Review denied the request as not meeting medical necessity requirements.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG 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 Official Disability Guidelines (ODG); Low Back Section, NCV/EMG

Decision rationale: Pursuant to the Official Disability Guidelines, electromyography studies of the left lower extremity are not medically necessary. The guidelines state NCVs are not recommended. There is minimal justification for performing nerve conduction studies when the patient is presumed to have symptoms on the basis of radiculopathy. See guidelines for additional details. EMGs may be useful to obtain unequivocal evidence of radiculopathy, after one month conservative therapy but EMGs are not necessary if radiculopathy is already clinically obvious. In this case, the injured worker is 59 years old with a date of injury February 4, 2014. The injured worker complains of pain in the lumbar spine that radiates bilaterally into both legs into the knees with weakness and numbness. Physical examination does not show any significant neurologic deficit. There is decreased sensation in the L for L5 dermatomes bilaterally. The injured worker's diagnoses are lumbar discopathy; lumbar radiculopathy; and lumbar facet syndrome. The guidelines indicate minimal justification for performing nerve conduction velocity studies when the patient is presumed to have symptoms on the basis of radiculopathy. The injured worker has symptoms on the basis of radiculopathy. There is little to be gained by performing the NCV according to the medical record. EMGs are not necessary if radiculopathy is already clinically obvious. The documentation states radiculopathy is present. Consequently, electromyography studies of the left lower extremity are not medically necessary.

NCV Right Lower Extremity: Upheld

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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 Section, NCV/EMG

Decision rationale: Pursuant to the Official Disability Guidelines, nerve conduction velocity studies of the right lower extremity are not medically necessary. The guidelines state NCVs are not recommended. There is minimal justification for performing nerve conduction studies when the patient is presumed to have symptoms on the basis of radiculopathy. See guidelines for additional details. EMGs may be useful to obtain unequivocal evidence of radiculopathy, after one month conservative therapy but EMGs are not necessary if radiculopathy is already clinically obvious. In this case, the injured worker is 59 years old with a date of injury February 4, 2014. The injured worker complains of pain in the lumbar spine that radiates bilaterally into both legs into the knees with weakness and numbness. Physical examination does not show any significant neurologic deficit. There is decreased sensation in the L for L5 dermatomes bilaterally. The injured worker's diagnoses are lumbar discopathy; lumbar radiculopathy; and lumbar facet syndrome. The guidelines indicate minimal justification for performing nerve conduction velocity studies when the patient is presumed to have symptoms on the basis of radiculopathy. The injured worker has symptoms on the basis of radiculopathy. There is little to be gained by performing the NCV according to the medical record. EMGs are not necessary if radiculopathy is already clinically obvious. The documentation states radiculopathy is present. Consequently, nerve conduction velocity studies of the right lower extremity are not medically necessary.

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