

Case Number:	CM14-0043923		
Date Assigned:	06/20/2014	Date of Injury:	03/28/2012
Decision Date:	02/25/2015	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	03/17/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New Jersey
 Certification(s)/Specialty: Family Practice

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 worker is a 45 year old male who was injured on 3/28/12 involving his back while lifting a scaffold. He was diagnosed with lumbar radiculopathy and related foot drop. He was treated with surgery (L4-S1 spinal fusion), medications, and injections. Due to persistence of symptoms even after surgery, the lumbar hardware was removed, however, the worker continued to experience foot drop and lumbar radiculopathy. On 2/11/14, the worker was seen by his treating physician reporting continual low back pain, rated 3/10 on the pain scale (with medication), and associated with radiation to his right big toe. Physical examination revealed ability to toe and heel walk as well as squat but with some difficulty, especially with heel walking, weakness with right foot dorsiflexion, decreased sensation at S1, severe numbness at L5, and less severe numbness at L4 all on the right leg, and positive straight leg raise test. He was then recommended to undergo EMG/NCV testing of the bilateral lower extremities, and have an a lumbar MRI and lumbar CT scan.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV Right Lower Extremity: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The MTUS ACOEM Guidelines state that for lower back complaints, nerve testing may be considered when the neurological examination is less clear for symptoms that last more than 3-4 weeks with conservative therapy. In the case of this worker, it appears that his clinical symptoms and physical examination findings suggest right-sided lumbar radiculopathy clearly, which was known to the provider before and after the surgical procedures to address this. Although persistence with these symptoms with conservative treatments only has not helped completely, further testing with EMG or NCV for either the left or the right leg is not likely to aid in the decision to treat him differently. Also, the need for left-sided EMG/NCV testing alone seems unnecessary due to no left-sided complaints or physical examination findings. Therefore, considering the documented evidence, there is no medical necessity in this case for left or right EMG or NCV testing. This request is not medically necessary.

EMG/NCV Left Lower Extremity: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The MTUS ACOEM Guidelines state that for lower back complaints, nerve testing may be considered when the neurological examination is less clear for symptoms that last more than 3-4 weeks with conservative therapy. In the case of this worker, it appears that his clinical symptoms and physical examination findings suggest right-sided lumbar radiculopathy clearly, which was known to the provider before and after the surgical procedures to address this. Although persistence with these symptoms with conservative treatments only has not helped completely, further testing with EMG or NCV for either the left or the right leg is not likely to aid in the decision to treat him differently. Also, the need for left-sided EMG/NCV testing alone seems unnecessary due to no left-sided complaints or physical examination findings. Therefore, considering the documented evidence, there is no medical necessity in this case for left or right EMG or NCV testing. This request is not medically necessary.