

Case Number:	CM15-0193939		
Date Assigned:	10/07/2015	Date of Injury:	04/11/2014
Decision Date:	12/14/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	10/02/2015

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: Pennsylvania
 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:

This is a 42 year old male who sustained a work-related injury on 4-11-14. Medical record documentation on 8-27-2015 revealed the injured worker was being treated for degeneration of the lumbar or lumbosacral intervertebral disc. He reported low back pain worse on the right side. He did not have any leg pain or loss of bowel-bladder function. He reported trying to do exercises but still had a lot of back pain. Objective findings included a non-antalgic gait. The injured worker could heel-toe walk without difficulty. He had moderate pain on palpation of the lumbar spine in the right facet joint of L5-S1 and worsened low back pain with extension and lateral bending on the right side. No significant paraspinal muscle spasm noted. His lumbar range of motion was flexion to 50 degrees, extension to 15 degrees and bilateral lateral bending to 15 degrees. He had negative straight leg raise bilaterally and a 0-5 Waddell sign. He had a negative FABER sign. Previous therapy included 23 sessions of physical therapy and medications. An MRI of the lumbar spine on 7-16-15 revealed postsurgical change of L5-S1 with enhancing scar tissue surrounding the right S1 nerve root in the lateral recess at the level consistent with epidural fibrosis. A broad-based disk bulge was seen and unchanged at L4-S1 and he had mild bilateral neural foraminal narrowing which was unchanged. It revealed slight disc desiccation at L3-4; L4-5 had disc bulge and ligamentum flavus hypertrophy with resulting mild central canal narrowing with some minimal right-sided lateral recess narrowing. A request for EMG-NCV of the bilateral lower extremities was received on 8-28-15. On 9-3-15, the Utilization Review physician determined EMG-NCV of the bilateral lower extremities was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG of the right lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Initial Assessment.

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/EMG.

Decision rationale: According to the ODG, EMG's are recommend as an option in conditions related to the low back. The ODG states, "EMG's may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. The progress note of 9/24/15 states he has subjective right leg numbness, however, no objective deficit noted. Normal muscle strength was recorded. The progress note also states, "There is moderate to severe foraminal stenosis on the exiting right L5 nerve root which could be the cause of the subjective right leg numbness." In the absence of objective evidence of neurological deficit and an explanation of symptoms based on radiculopathy supported by MRI, EMG is not medically necessary.

EMG of the left lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Initial Assessment.

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/EMG.

Decision rationale: According to the ODG, EMG's are recommend as an option in conditions related to the low back. The ODG states, "EMG's may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. The progress note of 9/24/15 states he has subjective right leg numbness, however, no objective deficit noted. Normal muscle strength was recorded. The progress note also states, "There is moderate to severe foraminal stenosis on the exiting right L5 nerve root which could be the cause of the subjective right leg numbness." In the absence of objective evidence of neurological deficit and an explanation of symptoms based on radiculopathy supported by MRI, EMG is not medically necessary. Furthermore, there is no documentation of left lower extremity symptoms.

NCV 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 Official Disability Guidelines, Low Back, Nerve Conduction Studies (NCS).

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/Electrodiagnostic studies.

Decision rationale: According to the ODG, nerve conduction studies are not recommended for conditions related to the low back. The ODG states, "There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy." The progress note of 9/24/15 states he has subjective right leg numbness, however, no objective deficit noted. The progress note also states, "There is moderate to severe foraminal stenosis on the exiting right L5 nerve root which could be the cause of the subjective right leg numbness. In the absence of objective evidence of peripheral neuropathy and an explanation of symptoms based on radiculopathy supported by MRI, NCV is not medically necessary.

NCV 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 Official Disability Guidelines, Low Back, Nerve Conduction Studies (NCS).

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/Electrodiagnostic studies.

Decision rationale: According to the ODG, nerve conduction studies are not recommended for conditions related to the low back. The ODG states, "There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy." The progress note of 9/24/15 states he has subjective right leg numbness, however, no objective deficit noted. The progress note also states, "There is moderate to severe foraminal stenosis on the exiting right L5 nerve root which could be the cause of the subjective right leg numbness." In the absence of objective evidence of peripheral neuropathy and an explanation of symptoms based on radiculopathy supported by MRI, NCV is not medically necessary. Furthermore, there is no mention of left sided symptoms.