

Case Number:	CM15-0194573		
Date Assigned:	10/08/2015	Date of Injury:	09/15/2011
Decision Date:	11/16/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	10/05/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 62 year old male, who sustained an industrial injury on 9-15-11. The injured worker is being treated for lumbar radiculitis. (CT) computerized tomography scan of lumbar spine performed on 6-24-15 revealed 3 level lumbar fixation with pedicle screws and rods at L2-5; no evidence of spinal stenosis with L3-5 laminectomy, degenerative bilateral L4-5 foraminal stenosis and multilevel degenerative disc disease from L2-5. Treatment to date has included lumbar epidural injections, oral medications including Lyrica, lumbar fusion, physical therapy and activity modifications. On 9-3-15, the injured worker complains of burning hot pain in right foot and throughout his lower extremity; he reports his EMB was denied and Lyrica caused a lot of gastrointestinal side effects and he is barely tolerating it. Physical exam performed on 9-3-15 revealed decreased sensation in anterolateral aspect of his right leg with subtle weakness of right dorsiflexion which is unchanged from previous exam. Request for authorization was submitted on 9-8-15 for (EMG) Electromyogram-(NCV) Nerve Condition Velocity of right lower extremity. On 9-15-15 request for (NCV) Nerve Condition Velocity of right lower extremity was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCT Right lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Nerve Conduction Studies.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

Decision rationale: Per Guidelines, NCS is not recommended as there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Additionally, electrodiagnostic studies which must include 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, the patient already had a CT of the lumbar spine showing stable post-surgical changes and intact fixation without progressive clinical neurological deficits for history lumbar radiculopathy s/p previous epidural injections and surgery, negating any medical necessity for diagnostic EMG. The NCV Right lower extremity is not medically necessary and appropriate.