

Case Number:	CM15-0221423		
Date Assigned:	11/17/2015	Date of Injury:	01/25/2013
Decision Date:	12/24/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	11/10/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 injured worker is a 47 year old female who reported an industrial injury on 1-25-2013. Her diagnoses, and or impressions, were noted to include status-post right lumbar decompression and hemi-laminectomy with persistent right lumbar radiculopathy. The most current MRI of the lumbar spine was said to have noted a right hemi-laminectomy at lumbar 4, with a lumbar 5-sacral 1 moderate bilateral foraminal stenosis and moderate disc bulge; not noted in the medical records provided. Her treatments were noted to include a home exercise program; medication management with toxicology studies; and rest from work before a return to modified work duties (as of the 10-9-15 progress notes). The orthopedic progress notes of 9-11-2015 reported complaints which included low back pain, rated 8 out of 10, with right lower extremity symptoms. The objective findings were noted to include: a well-healed lumbar incision that was without signs of infection; spasms in the lumbosacral musculature; and lumbar flexion at 40 degrees and extension at 35 degrees, with bilateral tilt at 40 degrees and bilateral rotation at 35 degrees. The physician's requests for treatment were noted to include awaiting the response request for reconsideration for approval for EMG and NCV studies of the lower extremities. The Utilization Review of 10-13-2015 non-certified the request for EMG and NCV studies of the bilateral lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyograph (EMG) and nerve conduction velocity (NCV) of lower extremities:
Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Electrodiagnostic testing (EMG/NCS) and Other Medical Treatment Guidelines AANEM Recommended Policy for Electrodiagnostic Medicine.

Decision rationale: The claimant sustained a work injury in January 2013 and underwent a lumbar decompression in March 2015. She has a history of arthroscopic right shoulder surgery. When seen she was having ongoing right shoulder pain radiating into the upper extremity and persistent low back and right lower extremity pain. A recent MRI scan had shown postoperative findings with moderate bilateral foraminal stenosis and disc bulging. Physical examination findings included decreased lumbar spine range of motion with tenderness. Right straight leg raising was positive. There were no documented deficits and strength, sensation, or reflex responses. Authorization is being requested for repeat electrodiagnostic testing. Indications for repeat electrodiagnostic testing include the following: (1) The development of a new set of symptoms. (2) When a serious diagnosis is suspected and the results of prior testing were insufficient to be conclusive. (3) When there is a rapidly evolving disease where initial testing may not show any abnormality (e.g., Guillain-Barr syndrome). (4) To follow the course of certain treatable diseases such as polymyositis or myasthenia gravis. (5) When there is an unexpected course or change in course of a disease. (6) To monitor recovery and help establish prognosis and/or to determine the need for and timing of surgical interventions in the setting of recovery from nerve injury. In this case, the claimant has already had EMG/NCS testing. There are no documented neurological deficits, there are no left lower extremity complaints, and there would be no reason to test the asymptomatic left lower extremity. Repeat electrodiagnostic testing of the lower extremities is not medically necessary.