MAXIMUS Federal Services

Case Number:	CM15-0087777		
Date Assigned:	05/11/2015	Date of Injury:	12/21/2007
Decision Date:	06/11/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	05/07/2015

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 61 year old male with an industrial injury dated 12/21/2007. The injured worker's diagnoses include status post lumbar fusion in 2008 and subsequent removal of hardware in 2009 with persistent symptoms. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In a progress note dated 4/02/2015, the injured worker reported ongoing low back pain with radiation down the left leg. The injured worker rated the pain an 8/10. Objective findings revealed slight increased pain with range of motion, intact sensations, full motor strength and negative straight leg raise. X-ray of the lumbar spine on 4/2/2015 revealed anterior plate, a significant tilt of L5 relative to S1 and L4, and loss of disc height at the L4-L5 on the left side. A lateral view revealed cage and the fusion at the L5- S1 level with some foraminal narrowing. The treating physician reported that the injured worker has persistent sciatica despite surgery and requested for diagnostic studies of the lumbar spine and bilateral lower extremities. The treating physician prescribed services for Electromyography (EMG) /Nerve conduction velocity (NCV) bilateral lower extremities body part lumbar spine, now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV bilateral lower extremities body part lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Chapter 12, "Low Back Complaints", Table 12-8, Electrodiagnostics, page 309.

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, guidelines states Electrodiagnostic studies to 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 previous MRI of the lumbar spine s/p lumbar fusion with continued pain complaints. Clinical findings show intact sensation, full motor strength and negative SLR without indication for EMG/NCS to meet guidelines criteria. The EMG/NCV bilateral lower extremities body part lumbar spine is not medically necessary and appropriate.