

Case Number:	CM14-0141043		
Date Assigned:	10/14/2014	Date of Injury:	01/16/2003
Decision Date:	11/13/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	09/02/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 47 year old female with a date of injury on 1/16/2003. Prior electromyogram/nerve conduction velocity studies performed on 8/10/2007 documents consistent bilateral L5 and S1 radiculopathy as well as left C6-7 radiculopathy. The magnetic resonance imaging scan of the lumbar spine without contrast performed on 7/7/2014 documents the following findings: (a) Interbody fusion and posterior laminectomy L4-5 as well as posterior laminectomy at L5-S1, (b) mild canal and moderate lateral recess and neural foraminal narrowing at L2-3 with some nerve root abutment in the lateral recesses at L2-3, (c) mild canal and moderate lateral recess narrowing again with nerve root abutment in the lateral recesses and some minimal intraforaminal abutment on the left, (d) widely decompressive surgical changes at L4-5 without canal or foraminal stenosis at L4-5, and (e) focal left posterolateral disc protrusion at L5-S1 nearly abutting the descending nerve roots in the lateral recess but no definite nerve root impingement identified at L5-S1. The records dated 7/17/2014 indicate the injured worker complained of constant severe pain across the lower back radiating more in the right thigh and calf than the left. She also has some neck pain although the back pain was the one that was constantly interfering with her life because it was unrelenting and has been on methadone with no relief. The pain radiates in the right as well as left leg. On examination, reflexes were depressed on the right biceps and right triceps, and bilateral ankle jerks. She has very limited back motion. The most recent records dated 8/21/2014 documents that the she complained of constant neck pain as well as back pain radiating down to both legs. The back pain has got progressively worse which made difficulty with sitting, standing, or walking. On examination, motor testing was depressed in the right biceps and right triceps reflex. Ankle jerks were depressed as well. She is diagnosed with (a) cervical spondylosis without myelopathy, (b)

displacement of cervical intervertebral disc without myelopathy, (c) prolapsed lumbar intervertebral disc with sciatica, (d) neurogenic claudication, and (e) lumbar radiculopathy.

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: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back - Lumbar & Thoracic (Acute & Chronic), Electrodiagnostic studies (EDS) Low Back - Lumbar & Thoracic (Acute & Chronic), EMGs (electromyography) Low Back - Lumbar & Thoracic (Acute & Chronic), Nerve conduction studies (NCS)

Decision rationale: The Official Disability Guidelines indicate that the requested electromyogram/nerve conduction velocity studies are to be considered if no improvement is detected after one month conservative treatment however this is not recommended if radiculopathy is already apparent. In this case, the injured worker is already status post fusion L4-5 however persistent residuals are still being experienced and her condition has been worsening. The records indicate she is currently experiencing lumbar radiculopathy that is affecting both her bilateral legs and most recent magnetic resonance imaging scan of the lumbar spine indicates the following results: (a) Interbody fusion and posterior laminectomy L4-5 as well as posterior laminectomy at L5-S1, (b) mild canal and moderate lateral recess and neural foraminal narrowing at L2-3 with some nerve root abutment in the lateral recesses at L2-3, (c) mild canal and moderate lateral recess narrowing again with nerve root abutment in the lateral recesses and some minimal intraforaminal abutment on the left, (d) widely decompressive surgical changes at L4-5 without canal or foraminal stenosis at L4-5, and (e) focal left posterolateral disc protrusion at L5-S1 nearly abutting the descending nerve roots in the lateral recess but no definite nerve root impingement identified at L5-S1. Based on this information, the current clinical presentation of the injured worker is already enough to properly evaluate the cause of this injured worker's radiculopathy. Therefore, the medical necessity of the requested electromyogram/nerve conduction velocity studies is not established.