MAXIMUS Federal Services

Case Number:	CM14-0143404		
Date Assigned:	09/10/2014	Date of Injury:	09/05/1999
Decision Date:	10/10/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/04/2014

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 Family 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:

This is a 67-year-old male patient who reported an industrial injury to the back on 9/5/1999, 15 years ago, attributed to the performance of his usual and customary job duties. The patient subsequently underwent surgical intervention to the lumbar spine with a lumbar spine fusion. The patient complains of persistent low back pain for which he is taking OxyContin and Oxycodone. The patient is also prescribed Medrol, Amitriptyline, Valium, Imitrex, and Skelaxin. The patient reported that his chronic low back pain flared up due to physical activity. The objective findings on examination included limited range of motion the lumbar spine, hypoesthesia, tenderness, and spasticity noted in the lower extremities. The MRI of the lumbar spine dated 5/30/2014, documented evidence that lumbar spine displaces were mildly narrowed at the level LIV-L5, extensive fixation in place with stable parents without significant canal stenosis. The patient was prescribed a bilateral lower extremity EMG/NCV.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography of lower extremities: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303; 62. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter EMG and NCS

Decision rationale: There is no objective evidence of any changes in the neurological status of the patient to warrant electrodiagnostic studies. The patient was documented to have a normal neurological examination other than reported subjective lateral leg numbness. There was no objective finding on examination of a sensory loss over a dermatomal distribution. There is no evidence of a nerve impingement radiculopathy on the two MRIs of the lumbar spine. The neurological examination was documented as normal. The MRI the lumbar spine fails to demonstrate a nerve impingement radiculopathy. The patient continues to complain of back pain. There were no demonstrated neurological deficits along a dermatomal distribution to the BLEs that were reproducible on examination. The patient was not noted to have any changes in clinical status. The patient had some subjective complaints of radiculitis; however, there were no documented objective findings on examination to support medical necessity. There is no demonstrated medical necessity for a BLE EMG (bilateral lower extremities electromyography) for the pain management of this patient. The request for the authorization of the EMG of the bilateral lower extremities was not supported with any objective clinical findings that would demonstrate a change in the neurological status of the patient or demonstrate neurological deficits in the lower extremities. There is no documented nerve impingement radiculopathy. There are no documented neurological findings that would suggest a nerve entrapment neuropathy in the clinical documentation to the BLEs. The motor and sensory examination was documented to be normal. There are no equivocal MRI findings demonstrating a possible nerve entrapment radiculopathy. The MRI was not assessed as equivocal to support the medical necessity of the electrodiagnostic testing. Therefore, this request is not medically necessary.

Nerve Conduction Studies of lower extremities: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303; 62. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter EMG and NCS

Decision rationale: There is no objective evidence of any changes in the neurological status of the patient to warrant electrodiagnostic studies. The patient was documented to have a normal neurological examination other than reported subjective lateral leg numbness. There was no objective finding on examination of a sensory loss over a dermatomal distribution. There is no evidence of a nerve impingement radiculopathy on the two MRIs of the lumbar spine. The neurological examination was documented as normal. The MRI the lumbar spine fails to demonstrate a nerve impingement radiculopathy. The patient continues to complain of back pain. There were no demonstrated neurological deficits along a dermatomal distribution to the BLEs that were reproducible on examination. The patient was not noted to have any changes in clinical status. The patient had some subjective complaints of radiculitis; however, there were no documented objective findings on examination to support medical necessity. There is no

demonstrated medical necessity for a BLE NCS (bilateral lower extremities nerve conduction studies) for the pain management of this patient. The request for the authorization of the NCS of the bilateral lower extremities was not supported with any objective clinical findings that would demonstrate a change in the neurological status of the patient or demonstrate neurological deficits in the lower extremities. There is no documented nerve impingement radiculopathy. There are no documented neurological findings that would suggest a nerve entrapment neuropathy in the clinical documentation to the BLEs. The motor and sensory examination was documented to be normal. There are no equivocal MRI findings demonstrating a possible nerve entrapment radiculopathy. The MRI was not assessed as equivocal to support the medical necessity of the electrodiagnostic testing. Therefore, this request is not medically necessary.