

Case Number:	CM15-0000859		
Date Assigned:	01/12/2015	Date of Injury:	09/06/2001
Decision Date:	03/12/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	01/05/2015

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 63-year-old female, who sustained an industrial injury on 09/06/2001. She has reported low back pain. The diagnoses have included sciatica, lumbar herniated nucleus pulposus, lumbar spine pain, lumbar disc displacement, spondylosis without myelopathy. Treatment to date has included facet injections, radiofrequency neurotomy of the medial branch of the posterior primary ramus on the left L3-4, L4-5, and L5-S1 with IV sedation on 09/17/2014, and an electromyography/nerve conduction velocity (EMG/NCV) on 07/23/2009. Currently, the injured worker complains of increased pain with burning, numbness, weakness of the low back. The injured worker had a limp and occasional fall due to the giving way of the left leg, with a decrease in benefit from the recent radiofrequency ablations. The objective findings included positive straight leg raise on the left at 70 degrees; negative straight leg raise on the right; decreased strength in the left anterior tibialis and left extensor hallucis longus muscle on the manual motor testing; and difficulty heel walking. The treating physician requested a repeat EMG/NCV study due to L5 involvement. On 12/10/2014, Utilization Review (UR) non-certified the request for an electromyography/nerve conduction velocity (EMG/NCV) of the left lower extremity, noting that there was no documentation of recent conservative care. The MTUS ACOEM Guidelines have been cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV for the left lower extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 12th Edition (web) 2014, Low Back

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: The patient is a 63 year old female with an injury date of 09/06/01. Per the 12/02/14 report the patient presents with increasing pain in the left leg with occasional falling down and giving way of the leg. She is s/p 09/17/14 successful L4-5 and L5-S1 RFA; however there is now diminution of the benefit of the procedure. The patient's diagnoses include: Sciatica and HNP lumbar. The current request is for EMG/NCV FOR THE LEFT LOWER EXTREMITY per the 12/02/14 report. The RFA is not included. The 12/02/14 report states the patient's work status is unchanged with work restrictions; however, the reports do not state if the patient is currently working. ACOEM guidelines page 303 states, "Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks."The 12/02/14 report states the patient has worsening neurologic findings in the leg. The treating physician also states, "She has had prior EMG nerve conduction studies many years ago, but with the prior study dated 07/23/2009 showing prolongation of the H-reflex, evidence of neuropathy and S1 nerve involvement were evident at that time. However, now L-5 involvement appears evident, and as such, I am requesting a repeat EMG nerve conduction study." She may very well come to require a repeat radiofrequency ablation. 12/02/14 examination shows positive straight leg raising left at 70 degrees, 4/5 strength left anterior tibialis and left EHL. In this case, the reports provided show the patient has experienced lower back pain to the legs since at least 07/03/14. The request IS medically necessary per guidelines.