

Case Number:	CM15-0009703		
Date Assigned:	01/27/2015	Date of Injury:	03/08/2012
Decision Date:	03/23/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/16/2015

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 38 year old male, who sustained an industrial injury on March 8, 2012. He has reported low back pain with radiation down both legs. The diagnoses have included lumbar herniated nucleus pulposus, depressive disorder, lumbar/lumbosacral disc degeneration and low back syndrome. Treatment to date has included lumbar fusion and oral medication. Currently, the IW complains of low back pain radiating down both legs worsened since spinal fusion. Treatment includes oral medication, cane for ambulation and psychiatric care. On December 30, 2014 utilization review non-certified a request for musc tst done w/nerv tst lim. The Official Disability Guidelines (ODG) were utilized in the determination. Application for independent medical review (IMR) is dated January 13, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Musc Tst Done W/Nerv Tst Lim: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG

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

Decision rationale: Per the 12/17/14 report the patient presents with no improvement in lower back pain with worsening pain extending down both legs s/p lumbar fusion in October 2014. The current request is for MUSC TST DONE W/NERV TST LIM. The 12/30/14 utilization review states this request is EMG/NCV bilateral lower extremity per Peer Reviewer Summary of Treatment/Case History. The 12/19/14 RFA is included. The patient is to remain off work for 6 months as of 12/17/14. 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 12/17/14 report states that due to the patient's worsened leg pain since surgery and poor range of motion a postoperative EMG of both lower extremities is requested. Examination reveals significant paraspinal tenderness with spasms along with numbness in the dorsum of the left foot. The 01/28/15 report states: Also, since the patient has numbness on the top of the foot but has no motor weakness, I'd like to determine whether or not there is new iatrogenic injury. The patient has radicular symptoms that occurred immediately after surgery and have continued for the past 4 months and cannot be controlled with use of narcotic medications and Neurontin. There is no evidence of a prior EMG/NCV study for this patient. In this case, guidelines support EMG for low back symptoms lasting more than 4 weeks. The request IS medically necessary.