

Case Number:	CM15-0013162		
Date Assigned:	01/30/2015	Date of Injury:	09/02/2005
Decision Date:	03/27/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	01/23/2015

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 57 year old male who sustained a work related injury to his lower back while employed as a truck mechanic and lifting on September 2, 2005. The injured worker had a L2-3 L3-4 and L5-S1 laminotomy, foraminotomy and microdiscectomy in September 2001. A posterior lumbar fusion at L4-5 and L5-S1 with revision laminotomy and laminectomy of the lumbar levels was performed on May 24, 2006 for recurrent stenosis. The patient also had bilateral hip replacements done (unknown dates). The injured worker was diagnosed with lumbar radiculopathy, lumbar facet syndrome, lumbar spinal stenosis and post lumbar laminectomy syndrome. According to the primary treating physician's progress report on December 17, 2014 the injured worker continues to have increasing low back pain radiating to the left leg with new pain in both heels. Physical examination noted decreased loss of lumbar range of motion, positive facet sign, positive bilateral straight leg raise, paravertebral muscle tenderness and tightness with lumbar paraspinal trigger points and diminished sensation over the left lateral calf. His gait was noted to be slow, stooped and right sided antalgic. No assistive devices are used. The patient's sleep is interrupted by pain. Current medications consist of Lyrica, Norco, Zanaflex, and Viagra. Treatment modalities consist of failed conservative modalities, physical therapy, epidural steroid injection (ESI) and transcutaneous electrical nerve stimulation (TEN's). The treating physician requested authorization for Electromyography (EMG) /Nerve Conduction Studies (NCS) of the bilateral lower extremities to evaluate for lumbar radiculopathy. On January 7, 2015 the Utilization Review denied certification for Electromyography (EMG) /Nerve Conduction Studies (NCS) of the bilateral lower extremities. Citations used in the decision

process were the Medical Treatment Utilization Schedule (MTUS), Chronic Pain Guidelines, American College of Occupational and Environmental Medicine (ACOEM) and Official Disability Guidelines (ODG).

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCS of the bilateral lower extremities: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), TWC, Low back, Lumbar & thoracic (Acute & Chronic)

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

Decision rationale: The 1/07/2015 Utilization Review letter states the EMG/NCS of the bilateral lower extremities requested on the 10/21/2014 medical report, was denied because the reviewer felt it was premature to perform electrodiagnostic studies before completion of the lumbar spine CT scan. According to the 10/21/14 medical report, the patient is a 57 year-old male with a 9/02/2005 date of injury. He presents with low back pain radiating down the left leg. Physical exam reveals 5-/5 weakness on the right EHL, left knee extensor and left hip flexors; decreased sensation over left lateral calf. The exam on the lumbar spine states the straight leg raise test is positive on both sides, but under the neurological exam, about 8-sentences down, states straight leg raising test is negative. The diagnoses includes lumbar radiculopathy; lumbar facet syndrome; spinal stenosis, lumbar; post lumbar laminectomy syndrome. 7/08/14 lumbar radiographs show good alignment of anterior and posterior fusion at L4/5 and L5/S1, with retrolisthesis at L1/2 and L2/3. The L1/2 reduces in flexion, and the L2/3 reduces in extension. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12, Low Back Complaints, Special Studies and Diagnostic and Treatment Considerations, page 303 for EMG 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." MTUS/ACOEM guidelines state EMG and H-reflex tests, which is part of the NCS may be useful to help identify subtle, focal neurological deficits in patients with back pain lasting over 4 weeks. The patient has weakness in some of the muscle groups in both lower extremities and has sensory changes on the left side. There is history of prior lumbar fusion, and movement of the L1/2 and L2/3 retrolisthesis on flexion/extension radiographs. The MTUS/ACOEM guidelines do not require CT imaging prior to electrodiagnostic studies. The request for the electrodiagnostic studies appears in accordance with MTUS/ACOEM guidelines. The request for EMG/NCS of the bilateral lower extremities IS medically necessary.