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| Case Number: | CM15-0111801 | | |
| Date Assigned: | 06/18/2015 | Date of Injury: | 11/23/2013 |
| Decision Date: | 07/16/2015 | UR Denial Date: | 05/04/2015 |
| Priority: | Standard | Application Received: | 06/09/2015 |

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 61-year-old male, with a reported date of injury of 11/23/2013. The diagnoses include displacement of lumbar intervertebral disc without myelopathy, lumbar spinal stenosis, and lumbar disc herniation with radiculopathy. Treatments to date have included: x-rays of the lumbar spine on 11/13/2013 that showed mild degenerative disc disease and spondylosis; an MRI of the lumbosacral spine on 11/27/2013 which showed degenerative changes in L4-S1, severe spinal canal stenosis at L4-5; three sessions of physical therapy, which made the symptoms worse; lumbar epidural injections with no improvement; an MRI of the lumbar spine on 01/07/2015 which showed scattered lumbar spondylosis worst at the L4-5 level; and oral medications. The progress report dated 04/23/2015 indicates that the injured worker complained of low back pain, with radiation to the right leg. It was noted that there was no improvement. The objective findings include negative straight leg raise on the left, positive straight leg raise on the right, intact sensation, constant right sided radiculopathy to the calf, intermittent left sided radiculopathy to the thigh, an antalgic gait, normal strength with resisted plantar flexion and hallux extension bilaterally, and mild lumbosacral tenderness to palpation with bilateral L1-5 spasms. The treating physician requested a NCV (nerve conduction velocity) and EMG (electromyography).

IMR ISSUES, DECISIONS AND RATIONALES

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

NCV back: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Chapter 12, "Low Back Complaints", Table 12-8, Electrodiagnostics, page 309.

Decision rationale: Per Guidelines, NCS is not recommended as there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Additionally, electrodiagnostic studies which must include needle EMG is recommended where a CT or MRI is equivocal and there are ongoing pain complaints that raise questions about whether there may be a neurological compromise that may be identifiable (i.e., leg symptoms consistent with radiculopathy, spinal stenosis, peripheral neuropathy, etc.); However, the patient already had an MRI of the lumbar spine showing stenosis along with clinical neurological deficits consistent with lumbar radiculopathy, negating any medical necessity for diagnostic NCS. Additionally, the presumed diagnosis and treatment is lumbar radiculopathy; hence, NCS without suspicion or findings of entrapment syndrome has not been established to meet guidelines criteria. The NCV back is not medically necessary and appropriate.

EMG back: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Chapter 12, "Low Back Complaints", Table 12-8, Electrodiagnostics, page 309.

Decision rationale: Per Guidelines, EMG is not recommended, as there is minimal justification for performing the studies when a patient has symptoms and clinical findings with presumed diagnoses of radiculopathy. Additionally, "Electrodiagnostic studies which must include needle EMG is recommended where a CT or MRI is equivocal and there are ongoing pain complaints that raise questions about whether there may be a neurological compromise that may be identifiable (i.e., leg symptoms consistent with radiculopathy, spinal stenosis, peripheral neuropathy, etc.)." However, the patient already had an MRI of the lumbar spine showing pathology along with clinical neurological deficits consistent with lumbar radiculopathy. The EMG back is not medically necessary and appropriate.