

Case Number:	CM15-0075855		
Date Assigned:	04/27/2015	Date of Injury:	11/09/2011
Decision Date:	05/29/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	04/20/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 42 year old male sustained an industrial injury to the back on 11/9/11. Previous treatment includes, lumbar fusion, physical therapy, chiropractic therapy, acupuncture, facet blocks, steroid injections and medications. In an initial orthopedic spine consultation dated 3/26/15, the injured worker complained of pain 4/10 to the low back with radiation down the left leg into the bottom of the foot associated with numbness and a pins and needles sensation. The physician noted that the injured worker had not noted much of an improvement with the low back and left leg pain despite lumbar fusion. The physician noted that there was no significant transitional instability at L4-5 on physical exam; however he was not able to confirm the solid fusion at L5-S1. Current diagnoses include lumbar spine herniated nucleus pulposus, lumbar spine radiculopathy and lumbar spine degenerative disc disease. The treatment plan included computed tomography-myelogram lumbar spine, magnetic resonance imaging lumbar spine and bilateral lower extremity electromyography/nerve conduction velocity test.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV of bilateral lower extremities: Upheld

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, Low Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines ODG, Low Back Problems, Myelography, Nerve conduction studies (NCS).

Decision rationale: The injured worker sustained a work related injury on 11/9/11. The medical records provided indicate the diagnosis of lumbar spine herniated nucleus pulposus, lumbar spine radiculopathy and lumbar spine degenerative disc disease. The medical records provided for review do not indicate a medical necessity for EMG/NCV of bilateral lower extremities. The MTUS recommends against electrodiagnostic studies (EMG/NCV) if radiculopathy is clinically obvious or if it has been diagnosed by imaging. The records indicate the injured worker has been recommended for CT Myelography but the outcome is not known; therefore, until the result is known EMG/NCV is not medically necessary. The Official Disability Guidelines states that CT myelogram is useful for surgical planning, especially in regard to the nerve roots; a myelogram can show whether surgical treatment is promising in a given case and, if it is, can help in planning surgery. Also, this guideline recommends against nerve conduction studies in suspected radiculopathy.