

Case Number:	CM13-0042154	Date of Injury:	02/18/2010
Date Assigned:	12/27/2013	UR Denial Date:	09/19/2013
Decision Date:	12/10/2015	Application Received:	10/16/2013
Priority:	Standard		

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, Ohio
 Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 patient is a 39-year-old male who reported injury on 02/18/2010. The mechanism of injury was stated to be the patient had a slip and fall. The patient was noted to have an abnormal electrodiagnostic study on 05/30/2013, which revealed bilateral lumbar radiculopathy in the L5 and S1 on the left and L4 and L5 on the right. The patient was noted to have decreased power 4/5 in the bilateral lower extremities. The patient was noted to have low back pain with radiation to the lower extremities. The patient was noted to be participating in a home exercise program and be using a TENS unit. The patient's diagnoses were noted to include lumbar spine radiculopathy and lumbar sprain/strain. The request was made, per the physician's documentation, for an EMG of the bilateral lower extremities and a lumbar epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM, 2nd Edition, (2004), Chapter 12) page(s): 303-305.

Decision rationale: ACOEM states that electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 weeks or 4 weeks. The clinical documentation submitted for review indicated the patient had decreased power of 4/5 in bilateral lower extremities; however, there was a lack of documentation of exact myotomal and dermatomal findings to support the necessity for the requested study. Additionally, per the submitted request, the request was for an EMG. Given the above and the lack of clarification, the request for an EMG is not medically necessary.

Lumbar epidural steroid injection: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: California MTUS Guidelines recommend, for an epidural steroid injection, that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing and it must be initially unresponsive to conservative treatment. The clinical documentation submitted for review indicated the patient had decreased power of the lower extremities of 4/5. However, there was a lack of documentation indicating the exact myotomal and dermatomal findings to support the diagnosis of radiculopathy. The patient was noted to have an abnormal electrodiagnostic consultation, which revealed radiculopathy at L4- S1. There was a lack of documentation indicating the patient's initial unresponsiveness to conservative treatment. Additionally, per the submitted request, there was a lack of documentation regarding the laterality as well as the location for the injection. Given the above, the request as submitted for Lumbar epidural steroid injection is not medically necessary.