

Case Number:	CM13-0005569		
Date Assigned:	12/27/2013	Date of Injury:	02/09/2010
Decision Date:	02/18/2014	UR Denial Date:	07/11/2013
Priority:	Standard	Application Received:	08/01/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 53-year-old female who reported a work-related injury on 02/09/2010, specific mechanism of injury not stated. The patient presents for treatment of facet osteoarthropathy L4-5 and L5-S1, rule out intradiscal component lumbar spine, and rule out L4-5 and L5-S1 radiculopathy. The patient was examined under the care of [REDACTED] for her pain complaints. The provider documents the patient utilizes tramadol ER 2 by mouth daily with an average rate of pain at 5/10. Upon physical exam of the patient, tenderness was noted about the lumbar spine, lumbar range of motion was noted as followed, 60% flexion, 50% extension, left and right lateral tilt 50%, and left rotation 40%. Right lower extremity neurologic evaluation demonstrated a positive straight leg raise. The provider documented the patient had difficulty going from a sit to stand position. Spasms about the lumbar paraspinal musculature were less pronounced. The provider documented the patient was pending electrodiagnostic of the bilateral lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG, Left Lower Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 303-304.

Decision rationale: The current request is not supported. The clinical documentation submitted for review lacked evidence of the patient presenting with any significant neurological, motor, or sensory deficits to support further diagnostic studies. The patient underwent an MRI as of 02/08/2012 which revealed no focal protrusions or extrusions. California MTUS/ACOEM indicates electromyography including H-reflex test may be useful to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting more than 3 to 4 weeks. However, given that the patient did not objectively present with any motor, neurological, or sensory deficits upon exam, the request for EMG left lower extremity is not medically necessary or appropriate.

NCV, Left Lower Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG),
Low back chapter

Decision rationale: The current request is not supported. The clinical documentation submitted for review lacked evidence of the patient presenting with any significant neurological, motor, or sensory deficits to support further diagnostic studies. The patient underwent an MRI as of 02/08/2012 which revealed no focal protrusions or extrusions. Official Disability Guidelines indicate nerve conduction studies are not recommended. Studies have not shown portable nerve conduction devices to be effective. Given all of the above, the request for NCV, left lower extremity is not medically necessary or appropriate.

NCV, Right Lower Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
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