

Case Number:	CM13-0006564		
Date Assigned:	09/04/2013	Date of Injury:	11/21/2012
Decision Date:	01/22/2014	UR Denial Date:	07/19/2013
Priority:	Standard	Application Received:	08/05/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in California. 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 underlying date of injury in this case is 11/21/2012. The reference diagnosis is lumbar discopathy. An initial physician review notes that the medical file does not document an initial 1 month of conservative treatment and therefore electrodiagnostic studies were not supported as indicated. On 07/30/2013, an MRI of the lumbar spine was within normal limits. On 05/14/2013, the treating provider saw the patient on initial orthopedic evaluation to view the patient's initial injury when she was heading to a sink to clean buckets when approximately 10-15 boxes of tomatoes became undone and landed on the patient's back. The patient reported ongoing moderate pain in the low back which was aggravated by bending, lifting, twisting, or sitting greater than 35-40 minutes and walking multiple blocks. The patient had spasm on exam of the lumbar spine with some dysesthesia and an L5-S1 dermatome. The treating physician recommended an MRI of the lumbar spine as well as electrodiagnostic studies of the lower extremities. The treating diagnosis was lumbar discopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV Right lower extremity: Upheld

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

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

Decision rationale: ACOEM Guidelines, Chapter 12 Low Back, page 303, states, "Unequivocal objective findings that identify specific nerve compromise on the neurological exam are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurological exam is less clear, however, further physiological evidence of nerve dysfunction should be obtained before ordering an imaging study." According to the medical records provided for review, results from an MRI of the lumbar spine were normal in that no clear objective neurological deficits have been noted on exam. It is unclear what additional diagnosis would be proposed to identify by electrodiagnostic studies or how this would impact the patient's treatment plan. The medical records and guidelines do not support an indication for an electrodiagnostic study at this time. The request for EMG/NCV of the left lower extremity is not medically necessary and appropriate.

EMG/NCV Left lower extremity: Upheld

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

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

Decision rationale: ACOEM Guidelines, Chapter 12 Low Back, page 303, states, "Unequivocal objective findings that identify specific nerve compromise on the neurological exam are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurological exam is less clear, however, further physiological evidence of nerve dysfunction should be obtained before ordering an imaging study." According to the medical records provided for review, results from an MRI of the lumbar spine were normal in that no clear objective neurological deficits have been noted on exam. It is unclear what additional diagnosis would be proposed to identify by electrodiagnostic studies or how this would impact the patient's treatment plan. The medical records and guidelines do not support an indication for an electrodiagnostic study at this time. The request for EMG/NCV of the left lower extremity is not medically necessary and appropriate.