

Case Number:	CM13-0011217		
Date Assigned:	09/19/2013	Date of Injury:	08/07/2012
Decision Date:	01/21/2014	UR Denial Date:	08/07/2013
Priority:	Standard	Application Received:	08/14/2013

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 patient is a 45 year-old female with a date of injury on 8/7/12. The progress report dated 4/17/13 by [REDACTED] noted that the patient presented with low back pain and left lower extremity symptoms. It was noted that the patient had undergone physical therapy and chiropractic care without relief. The patient reported numbness, tingling, and pain to the calf of the left leg. There was a positive straight leg raise (SLR) test on the left at 30 degrees to the calf. Lumbar MRI dated 10/26/12 noted a L4-5 posterior bulging disc/osteophyte, 2 to 4.5 mm, protruding mostly to left foramen with moderate left and mild right foraminal stenosis; increased signal of posterior inferior disc annulus L5-S1, suspect small posterior inferior annular tear. The patient's diagnoses include, HNP lumbar spine and lumbar radiculopathy. A request was made for an EMG/NCV of bilateral lower extremities and a transforaminal epidural steroid injection left L4, L5 roots.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral NCV lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Table 12-8.

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

Decision rationale: A request was made for an EMG/NCV of bilateral lower extremities and a transforaminal epidural steroid injection left L4, L5 roots. ACOEM (pg. 303) does not support NCS for low back and leg symptoms. It supports EMG with H-reflex testing only. NCS can be helpful in differentiating peripheral neuropathies or myopathies, but these concerns are not mentioned by the treater. Therefore recommendation is for denial.