

Case Number:	CM13-0013606		
Date Assigned:	10/01/2013	Date of Injury:	06/06/2011
Decision Date:	03/12/2014	UR Denial Date:	08/05/2013
Priority:	Standard	Application Received:	08/19/2013

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, has a subspecialty in Interventional Spine, 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 32 year old male with a date of injury of 6/6/11. [REDACTED] diagnosed the patient with right shoulder pain; right proximal humerus fracture, status post open reduction and internal fixation, status post manipulation under anesthesia with adhesiolysis and removal of hardware; and low back pain. According to a report dated 7/17/13, the patient presents with right shoulder pain which is described as constant, pulsing and stabbing. The patient also complains of lower back pain, primarily on the left side that radiates to his left posterior leg with slight numbness of his left calf. Examination showed strength at 5/5 for the right lower extremity and grossly 4+/5 for the left lower extremity. Straight leg raise is mildly positive on the left and negative on the right. The treating physician requests an MRI, EMG, and NCS of the bilateral lower extremities. Medical records show that the MRI was certified on 8/2/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG of the bilateral lower extremities: Overturned

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. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: This patient presents with chronic lower back pain that radiates into the left posterior leg with slight numbness. ACOEM guidelines state that EMG, including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3-4 weeks. The Official Disability Guidelines state that EMGs may be useful to obtain unequivocal evidence of radiculopathy, after one month of conservative therapy, but they are not necessary if radiculopathy is already clinically obvious. In this case, radiculopathy is not clinically obvious. An MRI was obtained that showed equivocal findings, and ACOEM supports EMG studies for evaluation of low back pain. The request is certified.

NCS of the bilateral lower extremities: Upheld

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

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

Decision rationale: This patient presents with chronic lower back pain that radiates into the left posterior leg with slight numbness. The MTUS and ACOEM do not discuss NCS. However, the Official Disability Guidelines state that NCS is not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. NCS is indicated if peripheral neuropathy is suspected. In this patient, no suspicion is provided for peripheral neuropathy. NCS is not warranted as it is not supported by ODG guidelines. The request is not certified.