

Case Number:	CM13-0018319		
Date Assigned:	01/15/2014	Date of Injury:	07/03/2008
Decision Date:	04/23/2014	UR Denial Date:	08/02/2013
Priority:	Standard	Application Received:	08/23/2013

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. The expert reviewer is Board Certified in Internal Medicine, Pulmonary Diseases, 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 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/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 51-year-old female who reported an injury on 07/03/2008. The mechanism of injury was not stated. The patient was diagnosed with lumbar radiculopathy, moderate to severe facet joint disease, osteoarthritis, bilateral wrist strain and cervical sprain/strain. The patient was seen by [REDACTED] on 06/07/2013. The patient reported improvement in symptoms with traction and physical therapy. Physical examination revealed tenderness to palpation of the cervical spine, spasms, positive compression testing bilaterally, tenderness to palpation with guarding of the lower lumbar spine and painful range of motion. Treatment recommendations at that time included chiropractic therapy, a home lumbar traction unit and lumbar facet diagnostic blocks. The patient then underwent electrodiagnostic studies of the bilateral lower extremities on 06/24/2013, which revealed no electrical evidence of lumbar radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, RETROSPECTIVE DOS 6/24/13: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 288, 289, 296, 305 and 306.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery or has difficulty obtaining information or an agreement to a treatment plan. As per the documentation submitted, there was no evidence of a significant musculoskeletal or neurological deficit upon physical examination. There was also no mention of an exhaustion of conservative treatment prior to the request for a specialty referral for electrodiagnostic testing. The medical necessity for the requested referral has not been established. Therefore, the request is non-certified

NEEDLE ELECTROMYOGRAPHY, EACH EXTREMITY, WITH RELATED PARASPINAL AREAS RETROSPECTIVE DOS 6/24/13: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state that electromyography, including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. As per the documentation submitted, there was no evidence of decreased sensation or lower extremity weakness. There was no evidence of a significant musculoskeletal or neurological deficit upon physical examination. There was also no documentation of an exhaustion of conservative treatment prior to the request for an electrodiagnostic study. Based on the clinical information received, the request is non-certified

TWO NERVE CONDUCTION, AMPLITUDE AND LATENCY/VELOCITY STUDY, EACH NERVE; MOTOR, WITHOUT F-WAVE STUDY, RETROSPECTIVE DOS 6/24/13: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Acute and Chronic.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state that electromyography, including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. As per the documentation submitted, there was no evidence of decreased sensation or lower extremity weakness. There was no evidence of a significant musculoskeletal or neurological deficit upon physical examination. There was also no documentation of an exhaustion of conservative

treatment prior to the request for an electrodiagnostic study. Based on the clinical information received, the request is non-certified.

TWO NERVE CONDUCTION, AMPLITUDE AND LATENCY/VELOCITY STUDY, EACH NERVE; SENSORY, RETROSPECTIVE DOS 6/24/13: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Acute and Chronic.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state that electromyography, including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. As per the documentation submitted, there was no evidence of decreased sensation or lower extremity weakness. There was no evidence of a significant musculoskeletal or neurological deficit upon physical examination. There was also no documentation of an exhaustion of conservative treatment prior to the request for an electrodiagnostic study. Based on the clinical information received, the request is non-certified.

TWO H-REFLEX, AMPLITUDE AND LATENCY STUDY; RECORD GASTROCNEMIUS/SOLEUS MUSCLE, RETROSPECTIVE DOS 6/24/13: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Acute and Chronic

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state that electromyography, including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. As per the documentation submitted, there was no evidence of decreased sensation or lower extremity weakness. There was no evidence of a significant musculoskeletal or neurological deficit upon physical examination. There was also no documentation of an exhaustion of conservative treatment prior to the request for an electrodiagnostic study. Based on the clinical information received, the request is non-certified.