

Case Number:	CM13-0018407		
Date Assigned:	10/11/2013	Date of Injury:	03/01/2012
Decision Date:	02/04/2014	UR Denial Date:	08/16/2013
Priority:	Standard	Application Received:	08/29/2013

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 Occupational Medicine 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 applicant has filed a claim for chronic low back pain, depression, psychological stress, and insomnia reportedly associated with an industrial injury of March 1, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; a TENS unit; trigger points injections; opioid analgesics; muscle relaxants and extensive periods of time off of work; MRI imaging of lumbar spine of January 18, 2013, notable for 5 mm disk protrusion at L5-S1, which displaces the left S1 nerve root. In a Utilization Review Report of July 12, 2013, the applicant is apparently collecting disability. She has never been able to find a job. Trigger point injections only provided minimal pain relief. The applicant is depressed. She is not doing much around the house. She only does a little bit of cooking. She is having constipation and sedation with medications. Positive straight leg raising is noted on the left with tenderness noted about the SI joint. There is some suggestion of hypersensitivity to touch about the right leg. The applicant is given prescriptions for Tylenol No. 3, Neurontin, Prilosec, and Flexeril.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electrodiagnostic studies of the right lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310..

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

Decision rationale: As noted in the MTUS-Adopted ACOEM Guidelines in Chapter 12, Table 12-8, EMG testing for a clinically obvious radiculopathy is not recommended. In this case, the applicant has clinically evident, radiographically confirmed radiculopathy at L5-S1 with an associated disk herniation appreciated on MRI. Thus the diagnosis of herniation at lumbar intervertebral disk with radiculopathy has already been made on the strength on imaging studies and clinical presentation. EMG testing is therefore not medically necessary. Accordingly, the request is not certified.