

Case Number:	CM13-0021105		
Date Assigned:	10/11/2013	Date of Injury:	06/06/2011
Decision Date:	03/10/2014	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 Family Practice, and is licensed to practice in Utah. 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 31 year old male. The date of injury is 06/06/2011. The patient fell from a roof sustaining multiple fractures and injuries. The patient's treatment course included hospitalization and treatment for a right humeral fracture, complicated by non-union, which resulted in additional surgeries, treatment for a clavicle fracture, multiple rib fracture, and foot drop. The patient reports low back pain, with referring pain and numbness in the left leg. The clinical document of 7/17/2013 states that strength of lower extremities in left is 4+/5, sensation intact. The clinical document of 9/11/2013, with regards to his lower extremities, state that he complains of low back pain that radiates into his left leg and that they pain is only present when he walks for prolonged periods, in which he also notices numbness in the left leg. Walking aggravates his pain. In the clinical document of 10/11/2013 his muscle strength is reported at 5/5 in upper and lower extremities. Reflexes were noted to be 2+ and symmetrical for quadriceps and gastroc/soleus. He was approved for the MRI scan of the lumbar back. The MRI showed a disc bulge at L4-L5 which mildly effaces the thecal sac, narrowing of the neural foramina, and a small hyperintensity consistent with annular disruption. His current medication include, but are not limited to; Naproxen and Omeprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCS 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 Page(s): 303-305.

Decision rationale: The current request is for EMG/NCS of the bilateral lower extremities. According to the medical records provided for review, there is no evidence of a lack of sensation in the patient's lower extremities. Muscle strength initially was 4/5 in the lower extremities, but was later reported as 5/5. Reflexes were reported as normal. The clinical documents are lacking evidence of "red flag symptoms" or worsening symptoms. There is no clinical documentation indicating a medically necessity of EMG/NCS testing, beyond the MRI that the patient has had. The request is not medically necessary and appropriate.