

Case Number:	CM13-0021106		
Date Assigned:	10/11/2013	Date of Injury:	06/06/2011
Decision Date:	02/06/2014	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 Neuromuscular Medicine and is licensed to practice in Maryland. 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.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

31 year old man with a distant DOI 6/6/2011, a reported fall from a roof with multiple fractures and injuries including a low back injury. Patient had an inpatient hospitalization and treatment for a right humeral fracture, which was complicated by a non-union requiring more surgery in 2013; treatment for a clavicular fracture; treatment for multiple rib fractures and treatment of a left foot drop. The complaints of low back pain have been present since 2013, with referred pains to the left leg and numbness into the left calf. The 7/17/2013 examination reported a positive left SLR with left leg distal weakness and intact sensation. 9/11/13 physical exam reveals: General Findings: straight leg raising is mildly positive on the left and negative on the right. Additionally on this exam patient complains of low back pain described as aching with pain radiating down his left leg. The pain radiating down his left leg is only present when he walks for prolonged periods. He also notices numbness in his left with prolonged walking. He rates his pain as 5-6/10 without the pain medications and 3-4/10 with the pain medications. Prior UR on 8/5/13 did not authorize BLE EMG until lumbar MRI scan (which has been authorized 8/2/2013.) results were reviewed. An L5-S1 interlaminar epidural steroid injection was discussed on documentation dated 9/11/13 [REDACTED].

IMR ISSUES, DECISIONS AND RATIONALES

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

Emg/Ncs Of Ble: 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.

Decision rationale: EMG/NCS of BLE is not medically necessary AS WRITTEN per MTUS/ODG guidelines. Patient has foot drop on the LLE and radicular symptoms on the LLE. Lumbar MRI reveals IMPRESSION: Disc desiccation and disc bulge at L5-S1 where there is mild narrowing of the neural foramina. There appears to be small hyper intensity consistent with annular disruption of the posterior left para central margin of the disc. Disc bulge at L4-5 mildly effacing the thecal sac." It is reasonable to do an EMG/NCS of the LLE to ensure that the foot drop is indeed secondary to lumbar etiology and not another cause such as peroneal neuropathy. There is no documentation of RLE symptoms in this patient therefore EMG/NCS of the BLE as requested/written is not medically necessary.