

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM13-0023815 | | |
| Date Assigned: | 11/15/2013 | Date of Injury: | 10/03/2012 |
| Decision Date: | 01/10/2014 | UR Denial Date: | 08/27/2013 |
| Priority: | Standard | Application Received: | 09/13/2013 |

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 is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of October 3, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of acupuncture; epidural steroid injection therapy; transfer of care to and from various providers in various specialties; attorney representation; extensive periods of time off work; and unspecified amounts of chiropractic manipulative therapy. The applicant has been given a proscriptive 10-pound lifting limitation, which did not appear to be accommodated by the employer. In a utilization review report of August 27, 2013, the claims administrator denied a request for electrodiagnostic testing on the grounds that the applicant had previously had electrodiagnostic testing of the lumbar spine and right lower extremity. The applicant's attorney letter appealed. An earlier note of August 4, 2013 is notable for ongoing complaints of low back pain, depression, and sleep disorder. The applicant is given prescriptions for Norco, Naprosyn, and Ultracet. Per the claims administrator, the applicant has had prior lumbar MRI imaging in January 2013 which is notable for multilevel broad based disk bulges with associated bilateral neuroforaminal narrowing and spinal stenosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV LLE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The Physician Reviewer's decision rationale: While the MTUS-adopted ACOEM Guidelines in chapter 12, table 12-8 do support needle EMG and H-reflex testing to clarify a diagnosis of neurologic dysfunction, ACOEM does not support EMG testing for diagnosis of a clinically obvious radiculopathy. In this case, the employee does have clinically evident and radiographically confirmed radiculopathy. Prior lumbar MRI imaging is notable for multilevel disk protrusions, spinal stenosis, and neuroforaminal stenosis. These findings would account for the employee's ongoing radicular complaints. The request for a EMG/NCV LLE, is not medically necessary and appropriate.