

Case Number:	CM13-0031481		
Date Assigned:	12/04/2013	Date of Injury:	05/19/2012
Decision Date:	02/10/2014	UR Denial Date:	09/19/2013
Priority:	Standard	Application Received:	10/03/2013

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 Internal Medicine, has a subspecialty in Pulmonary Disease 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 patient is a 39-year-old male who reported an injury on 05/19/2012. The mechanism of injury was using heavy equipment. His initial course of treatment included x-rays that were normal, physical therapy, chiropractic treatment, medications, and activity modification. The patient has no surgical history and an MRI performed on 07/03/2012 showed a left sided disc protrusion at L4-5 and L5-S1 with disc degeneration at both levels. It is noted on the 08/02/2013 clinical note that the patient does receive relief of symptoms with an at home TENS unit and has had past relief with epidural steroid injections. Although the patient is reported to use medications, there were none specified. The 09/10/2013 clinical note stated that the patient was reportedly working full time as a stocker and had complaints of radiating pain down to the left leg and ankle.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG Right Lower Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back

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

Decision rationale: The California MTUS/ACOEM Guidelines state that electromyography may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. The clinical records submitted for review including the clinical note dated 08/02/2013, report that the patient had negative straight leg raises and intact motor, sensory, and deep tendon reflexes in the bilateral lower extremities. As such, there is no evidence to suggest that the patient has any neurological or muscular deficits, and an EMG is not indicated at this time. Therefore, the request for EMG Right Lower Extremity is non-certified.

NCV Right Lower Extremity: 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),Low Back

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The California MTUS/ACOEM Guidelines state that electromyography and nerve conduction studies may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. The clinical records submitted for review including the clinical note dated 08/02/2013, report that the patient has negative straight leg raises and intact motor, sensory, and deep tendon reflexes in the bilateral lower extremities. As such, there is no evidence to suggest that the patient has any neurological deficits and an NCV is not indicated at this time. Therefore, the request for NCV Right Lower Extremity is non-certified.

NCV Left Lower Extremity: 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),Low Back

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The California MTUS/ACOEM Guidelines state that electromyography/NCS may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. The clinical records submitted for review, including the clinical note dated 08/02/2013, report that the patient had negative straight leg raises and intact motor, sensory, and deep tendon reflexes in the bilateral lower extremities. As such, there is no evidence to suggest that the patient has any neurological deficits and an NCV is not indicated at this time. Therefore, the request for NCV Left Lower Extremity is non-certified.

EMG Left Lower Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG),Low Back

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

Decision rationale: The California MTUS/ACOEM Guidelines state that electromyography may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. The clinical records submitted for review, including the clinical note dated 08/02/2013, report that the patient had negative straight leg raises and intact motor, sensory, and deep tendon reflexes in the bilateral lower extremities. As such, there is no evidence to suggest that the patient has any neurological or motor deficits, and an EMG is not indicated at this time. Therefore, the request for EMG Left Lower Extremity is non-certified.