

Case Number:	CM13-0031856		
Date Assigned:	12/04/2013	Date of Injury:	10/11/2012
Decision Date:	02/20/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/04/2013

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 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:

This patient is a 49 year old female, date of injury 10-11-12. Primary diagnosis is lumbosacral strain. Mechanism of injury was slip and fall. Progress reports dated 11-19-12 and 11-23-12 by [REDACTED] documented low back pain as a diagnosis. Progress report dated 11-29-12 by [REDACTED] documented subjective complaints including low backpain 6/10, numbness right lower extremity, S1 nerve root. Objective findings included lumbar tenderness, diminished range of motion, DTR knees and ankles 2+, motor 5/5 bilateral lower extremities, sensory intact bilateral lower extremities. Diagnosis was low back pain. Treatment plan included motrin and MRI. MRI of Lumbar spine 12-04-12 impression: minimal degenerative changes of the lumbar spine from L3-4 to L5-S1 level with minimal disc desiccation and subtle 1 mm disc protrusion at L4-5 level with no evidence of central canal or neural foraminal narrowing. Progress report dated 01-03-13 by [REDACTED] documented low back pain 5/10, numbness/tingling right lower extremity, S1 nerve root. Objective findings included lumbar tenderness, DTR knees and ankles 2+, motor 5/5 bilateral lower extremities. Electrodiagnostic report dated 01-22-13 by [REDACTED] documented: Normal NCS. No evidence of peripheral neuropathy. Normal EMG. No evidence of active lumbar radiculopathy. Orthopedic PR-2 report dated 02-11-13 documented a diagnosis of L-spine DDD. No other medical records were available. No recent progress reports were available. Utilization review dated 09-23-13 by [REDACTED] recommended Non-Certification of the request for EMG/NCV bilateral lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG Bilateral Lower Extremity: Upheld

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, 308-309. Decision based on Non-MTUS Citation Occupational Medicine Practice guidelines, 3rd Edition and Official Disability Guidelines (ODG), Low Back, Lumbar and Thoracic (Acute & Chronic).

Decision rationale: MTUS guidelines state electromyography (EMG) is recommended to clarify nerve root dysfunction. MTUS guidelines do not discuss nerve conduction studies (NCS) in the Low Back Complaints chapter. ODG guidelines state: EMG may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. Nerve conduction studies (NCS) are Not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. MRI of Lumbar spine was performed on 12-04-12. Electrodiagnostic report dated 01-22-13 MD documented: Normal NCS. Normal EMG. No evidence of active lumbar radiculopathy. The most recent progress report was dated 02-11-13. More recent progress reports were not available. Therefore, the available medical records do not support the medical necessity for repeat EMG / NCV testing. Therefore, the request for EMG and NCV of bilateral lower extremities is Not medically necessary.

NCV Bilateral Lower Extremities: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.