

Case Number:	CM13-0032829		
Date Assigned:	12/06/2013	Date of Injury:	08/22/2012
Decision Date:	02/11/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/08/2013

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 Orthopedic Surgery, and is licensed to practice in New Hampshire, Washington, and New York. 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 50-year-old male with date of injury of August 22, 2012. The patient complains of chronic back pain and left ankle pain. His back pain radiates to the lower extremity. On physical examination he has tenderness to palpation of the back with a decreased range of motion of the lumbar spine. There is no documented radiculopathy and no documented in the in significant neurologic findings/abnormalities in the lower extremities. The patient has a lumbar magnetic resonance imaging (MRI) scan from September 2013 and indicates disc herniations. But no radiologist report is included in the records. The patient is here no spinal canal compression or stenosis. The patient was treated with acupuncture with relief. At issue is whether neurophysiology testing of the bilateral lower extremities is medically needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG (electromyography) of right lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back chapter.

Decision rationale: The patient is diagnosed with lumbar strain and lumbar disc protrusions. There is no documentation of radiculopathy on physical examination in the bilateral lower extremities. In addition, there is no documentation of her recent trial and failure of conservative measures to include physical therapy for treatment of chronic low back pain. Neurophysiologic testing is now medically needed at this time. Established criteria for neurologic testing are not met. Specifically, the medical records are not to report indicating spinal stenosis or specific nerve root compression and physical examination did not document evidence of lower extremity radiculopathy. No physiologic testing is not medically necessary at this time.

NCV (nerve conduction studies) of right lower extremity: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back chapter.

Decision rationale: The patient is diagnosed with lumbar strain and lumbar disc protrusions. There is no documentation of radiculopathy on physical examination in the bilateral lower extremities. In addition, there is no documentation of her recent trial and failure of conservative measures to include physical therapy for treatment of chronic low back pain. Neurophysiologic testing is now medically needed at this time. Established criteria for neurologic testing are not met. Specifically, the medical records are not to report indicating spinal stenosis or specific nerve root compression and physical examination did not document evidence of lower extremity radiculopathy. No physiologic testing is not medically necessary at this time.

NCV (nerve conduction studies) of left lower extremity: Upheld

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

MAXIMUS 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 chapter.

Decision rationale: The patient is diagnosed with lumbar strain and lumbar disc protrusions. There is no documentation of radiculopathy on physical examination in the bilateral lower extremities. In addition, there is no documentation of her recent trial and failure of conservative measures to include physical therapy for treatment of chronic low back pain. Neurophysiologic testing is now medically needed at this time. Established criteria for neurologic testing are not met. Specifically, the medical records are not to report indicating spinal stenosis or specific nerve root compression and physical examination did not document evidence of lower extremity radiculopathy. No physiologic testing is not medically necessary at this time.

