

Case Number:	CM13-0037437		
Date Assigned:	12/13/2013	Date of Injury:	03/09/2011
Decision Date:	08/04/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	10/23/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation 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 expert 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 injured worker is a 32-year-old female who reported an injury on 03/09/2011. Within the documentation provided, the mechanism of injury was described by the injured worker as having a syncopal episode while working as a security guard on a movie set. The clinical note dated 02/18/2014 noted the injured worker complained of lumbar spine pain that the injured worker rated 9/10 to 10/10 on the Visual Analog Scale (VAS). The physical examination of the lumbar spine revealed 3 to 4+ tenderness and spasms over the paralumbar muscles, sacroiliac joint, sciatic notch and sacral base, bilaterally. The physical examination also revealed 3+ tenderness and spasm over the spinous process from L2-S1 bilaterally. Kemp's test was positive bilaterally. Sensory test reveals hyperesthesia over the L4, L5 and S1 on the left. There was positive straight leg raise test on the left and decreased sensation in the path of L5-S1 dermatome on the left. The injured worker's diagnoses included lumbar spine disc bulge and lumbar spine radiculopathy. Within the documentation provided, previous treatments were noted to include lumbar epidural steroid injection on 12/11/2013, physical therapy, acupuncture, and medications. Medications were not noted within the documentation provided that was dated within the last 60 days. The provider request was for electrodiagnostic studies of the lower extremities. The Request for Authorization form and rationale were not included within the documentation submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

ELECTRODIAGNOSTIC STUDIES TO THE LOWER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, EMG.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, EMG and NCS.

Decision rationale: The request for electrodiagnostic studies to the lower extremities is not medically necessary. The injured worker has a history of low back pain that has been previously treated with a lumbar epidural steroid injection, physical therapy, acupuncture, and medications. California MTUS/ACOEM state that Electromyography (EMG), including H reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. The Official Disability Guidelines (ODG) state that nerve conduction studies (NCS) are not recommend for low back conditions, and EMGs (Electromyography) are recommended as an option for low back. ODG further state that EMGs (electromyography) 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. The documentation noted the injured worker has participated in physical therapy and acupuncture which has not improved symptoms; however, there is a lack of documentation to indicate the length of physical therapy attended, and indicate the lack of improving functional capacity. Overall, there is a lack of documentation to indicate any current functional deficits. As the guidelines state that the EMGs are not necessary if radiculopathy is already clinically obvious, the documentation submitted for review noted positive straight leg test and complaints of radiating pain to the lower extremities and decreased sensation in a specific dermatomal distribution. Based on the above noted, the request is not medically necessary.