

Case Number:	CM13-0038660		
Date Assigned:	12/18/2013	Date of Injury:	01/05/2013
Decision Date:	02/19/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	09/30/2013

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 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 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 36-year-old female who reported an injury on 01/05/2013 after she slipped and fell reportedly causing injury to her lumbar spine and left upper extremity. The patient experienced persistent symptoms and was treated with medication, physical therapy, and acupuncture. The patient's most recent clinical exam findings included limited range of motion of the cervical spine with tenderness to palpation along the C3 through the C7 levels with left shoulder tenderness to palpation over the acromioclavicular joint and trapezius, left wrist tenderness to palpation over the volar ulnar nerve carpal ligament and lumbosacral tenderness to palpation along the L3 and S1 with a positive straight leg raising test of the bilateral lower extremities. The patient's diagnoses included left shoulder sprain/strain, left elbow medial epicondylitis, and left wrist sprain/strain. The patient's treatment plan included acupuncture consult with a spine surgeon to evaluate herniated cervical and lumbar discs, a psychological evaluation, and topical analgesics.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG of bilateral lower extremity: 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
Page(s): 303-305.

Decision rationale: The requested EMG of the bilateral lower extremities is not medically necessary or appropriate. The clinical documentation submitted for review does suggest that the patient has possible herniated disc in the lumbar region. However, there was no imaging study submitted for review to support this determination. The American College of Occupational and Environmental Medicine recommends electrodiagnostic studies when neurological functional deficits do not clearly delineate between radiculopathy and neuropathic pain. The clinical documentation submitted for review does provide evidence that the patient has subjective complaints of pain radiating into the bilateral lower extremities all the way to the feet; however, objective findings were extremely limited. The only documentation of possible radicular symptoms was a positive straight leg raising test bilaterally. However, the results of this straight leg raising test were not described. There is no indication of what degree symptoms began and whether they were related to back pain or if radiating pain was elicited. Therefore, the need for an electrodiagnostic study cannot be determined. As such, the requested EMG of the bilateral lower extremities is not medically necessary or appropriate..

NCV of bilateral lower extremity: 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
Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)
Low Back Chapter, Nerve Conduction Studies (NCS)

Decision rationale: The requested NCV of the bilateral lower extremities is not medically necessary or appropriate. The clinical documentation submitted for review does suggest that the patient has possible herniated disc in the lumbar region. However, there was no imaging study submitted for review to support this determination. The American College of Occupational and Environmental Medicine recommends electrodiagnostic studies when neurological functional deficits do not clearly delineate between radiculopathy and neuropathic pain. The clinical documentation submitted for review does provide evidence that the patient has subjective complaints of pain radiating into the bilateral lower extremities all the way to the feet; however, objective findings were extremely limited. The only documentation of possible radicular symptoms was a positive straight leg raising test bilaterally. However, the results of this straight leg raising test were not described. There is no indication of what degree symptoms began and whether they were related to back pain or symptoms radiated into the lower extremities. Therefore, the need for an electrodiagnostic study cannot be determined. As such, the requested NCV of the bilateral lower extremities is not medically necessary or appropriate..