

Case Number:	CM13-0039500		
Date Assigned:	12/20/2013	Date of Injury:	11/27/2007
Decision Date:	07/08/2014	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	10/28/2013

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 Illinois. 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 53-year-old female who reported an injury on 11/27/2007. The mechanism of injury was not specifically stated. Current diagnoses include status post C3-6 hybrid reconstruction in 2012, lumbar discopathy, internal derangement of the right knee, bilateral shoulder pain, bilateral carpal tunnel syndrome, left knee internal derangement, and status post left foot 4th and 5th phalanx fracture. The latest physician progress report submitted for this review is documented on 06/18/2013. The injured worker reported persistent neck pain as well as lower back pain with radicular symptoms. Physical examination of the lumbar spine revealed tenderness from the mid to distal lumbar segments, painful terminal range of motion, positive straight leg raising, dysesthesia at the L5 and S1 dermatomes, and weakness in the ankles and toes. Treatment recommendations at that time included continuation of current medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG OF THE LEFT LOWER EXTREMITY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM-SUMMARY OF RECOMMENDATIONS TABLE-2, LOW BACK DISORDERS.

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, Electrodiagnostic Studies.

Decision rationale: California MTUS/ACOEM Practice Guidelines state electromyography may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. Official Disability Guidelines state nerve conduction studies are not recommended for low back conditions. Electromyography is recommended as an option for low back pain after 1 month of conservative therapy. As per the documentation submitted, the injured worker has continuously reported lower back pain with radicular symptoms. There is no indication of a progression or worsening of symptoms or physical examination findings. There is also no mention of an attempt at recent conservative treatment prior to the request for an electrodiagnostic study. Based on the clinical information received, the request is non-certified.

NCV OF THE LEFT LOWER EXTREMITY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM-SUMMARY OF RECOMMENDATIONS TABLE-2, LOW BACK DISORDERS.

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, Electrodiagnostic Studies.

Decision rationale: California MTUS/ACOEM Practice Guidelines state electromyography may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. Official Disability Guidelines state nerve conduction studies are not recommended for low back conditions. Electromyography is recommended as an option for low back pain after 1 month of conservative therapy. As per the documentation submitted, the injured worker has continuously reported lower back pain with radicular symptoms. There is no indication of a progression or worsening of symptoms or physical examination findings. There is also no mention of an attempt at recent conservative treatment prior to the request for an electrodiagnostic study. Based on the clinical information received, the request is non-certified.

ONE MRI OF THE LUMBAR SPINE WITHOUT CONTRAST: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM-SUMMARY OF RECOMMENDATIONS TABLE-2, LOW BACK DISORDERS.

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, Magnetic Resonance Imaging.

Decision rationale: California MTUS/ACOEM Practice Guidelines state if physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the

selection of an imaging test to define a potential cause. Official Disability Guidelines state indications for imaging include thoracic or lumbar spine trauma with neurological deficit, uncomplicated low back pain with a suspicion for red flags, uncomplicated low back pain with radiculopathy after 1 month of conservative therapy and myelopathy. As per the documentation submitted, the injured worker has continuously reported low back pain with radicular symptoms. There is no indication of a progression or worsening of symptoms or physical examination findings. There is also no mention of an attempt at recent conservative treatment prior to the request for an imaging study. Based on the clinical information received, the request is non-certified.