

Case Number:	CM13-0040852		
Date Assigned:	01/15/2014	Date of Injury:	06/08/2013
Decision Date:	03/25/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	10/29/2013

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 Occupational 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:

The applicant is a represented [REDACTED] employee, who has filed a claim for low back pain reportedly associated with an industrial injury of June 8, 2013. Thus far, the applicant has been treated with the following: analgesic medications, attorney representation; transfer of care to and from various providers in various specialties; MRI (magnetic resonance imaging) of lumbar spine on August 22, 2013, notable for multilevel low-grade disk bulges and degenerative disk changes of uncertain clinical significance; and work restrictions. It does not appear that the applicant has returned to work with said limitations in place, however. A January 10, 2014 progress note is notable for comments that the applicant reports persistent symptoms of neck and low back pain. The applicant has diminished range of motion about the lumbar spine with positive straight leg raising noted about the bilateral lower extremities. A 5/5 upper and lower extremity strength is noted. Epidural steroid injection therapy is sought, along with a repeat cervical MRI. A rather proscriptive 10-pound lifting limitation is endorsed. Earlier notes of December 2013 are also notable for comments that the applicant has rather proscriptive 5- and 10-pound lifting limitations in place. The applicant continues to report persistent complaints of low back pain radiating to the legs and apparently exhibits positive straight leg raising about the same. A November 15, 2013 progress note is notable for comments that electrodiagnostic testing performed did demonstrate left S1 radiculopathy. In an October 9, 2013 Utilization Review Report, the claims administrator denied request for electrodiagnostic testing of the right lower extremity, citing non-MTUS/Official Disability Guidelines (ODG) Guidelines. An EMG (Electromyography) of the left lower extremity, however, was apparently certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG right lower extremity: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines, EMG (Electromyography) testing is "recommended" to clarify diagnosis of suspected nerve root dysfunction. In this case, contrary to what was suggested by the claims administrator, the MTUS Guideline in ACOEM does address the topic of EMG testing. The applicant did have persistent complaints of low back pain radiating to the bilateral lower extremities. EMG testing about the left leg was positive for S1 radiculopathy about the same. The applicant continues to have signs and symptoms of active bilateral lower extremity radiculopathy with low back pain radiating in the bilateral lower extremities and positive straight leg raising noted about the same. The applicant is now considering epidural steroid injection therapy. EMG testing of the right lower extremity to clarify the source of the applicant's symptoms is indicated, for all of the stated reasons. Therefore, the original utilization review decision is overturned. The request is certified, on Independent Medical Review.