MAXIMUS Federal Services

Case Number:	CM13-0045267		
Date Assigned:	12/27/2013	Date of Injury:	11/28/2012
Decision Date:	03/07/2014	UR Denial Date:	09/26/2013
Priority:	Standard	Application Received:	11/12/2013

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 and Virginia. 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:

Applicant is a 57 year old male who sustained a work injury to his lower back on 11/28/12. Applicant complains of low back pain that radiates to the left lower extremity as well as stiffness in both legs. Applicant also reports limitations of the following activities of daily living; activity, ambulation, and sex. The applicant underwent transforaminal epidural steroid injection at L3-5 and physical therapy. MRI dated 06/18/2013 revealed lumbar spondylosis. Report dated 12/02/2013 from [redacted] confirmed applicant reported improved pain since last visit. He was status post transforaminal epidural steroid injection with 50-80% overall improvement. Applicant was observed to be in slight distress however gait was normal. Tenderness was noted upon palpation bilaterally in the paravertebral area at L3-S1 levels. Pain increased with flexion and extension. Sensory exam was within normal limits bilaterally. Motor exam was within normal limits in bilateral lower extremities. [redacted] is requesting EMG/NCV of the bilateral lower extremities to rule out radiculopathy. He is also requesting pain management for medication and evaluation for possible ESI. EMG/NCV has been denied based on the indications for these studies have not been met.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG Right Lower Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 127. Decision based on Non-MTUS Citation Chapter 7

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: This gentleman presented with complaints of continued lower back pain radiating down his legs. The CA MTUS guidelines indicate that EMGs are useful if subtle , focal neurologic dysfunction is present with low back complaints . ODG indicates may be useful to obtain unequivocal evidence of radiculopathy. However, there is no documented evidence of abnormal objective findings . He was noted to have normal sensory and motor exam . SLT was 90 degrees and negative bilaterally. There is no mention about diminished reflexes or atrophy is present. Thus, the request for is EMG right lower extremity is non-certified .

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NCV Right Lower Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 127. Decision based on Non-MTUS Citation Chapter 7

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic, Nerve conduction studies (NCS) and Electrodiagnostic studies (EDS).

Decision rationale: Please note that CA MTUS does not have appropriateness of the requested procedure and does not apply. The request for NCV right lower extremity is non-certified. The referenced guidelines indicate that nerve conductions studies are not recommended for low back conditions.

NCV Left Lower Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 127. Decision based on Non-MTUS Citation Chapter 7

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic, Nerve conduction studies (NCS) and Electrodiagnostic studies (EDS).

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