

Case Number:	CM13-0050203		
Date Assigned:	12/27/2013	Date of Injury:	09/23/2009
Decision Date:	10/06/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	11/11/2013

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 patient is a 55-year-old male who reported an injury on 09/23/2009 due to a twisting motion that reportedly caused injury to his low back. The patient's treatment history included medications, physical therapy, and transforaminal epidural steroid injections. It was noted that the patient underwent a transforaminal epidural steroid injection at the L3-4 level with significant improvement for approximately 4 weeks. The patient's most recent clinical examination findings included tenderness to the right lumbar facets, left lumbar facets with positive facet loading bilaterally. The patient had normal motor strength bilaterally and normal deep tendon reflexes bilaterally without any complaints of numbness or weakness. The patient's diagnoses included lumbosacral spondylosis without myelopathy, degeneration of the lumbar spine, disc displacement with radiculitis. The patient's treatment plan included chiropractic treatment, continuation of medications, and an epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCS 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 Official Disability Guidelines, TWC, Online Edition, Chapter Low Back- Lumbar and Thoracic (Acute and Chronic), Nerve Conduction Studies

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

Decision rationale: The requested NCS of the left lower extremity is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends electrodiagnostic studies for injured workers who have non-focal findings of radiculopathy and would benefit from further diagnostic study to identify dermatomal distributions and specific nerve root impingement. The clinical documentation submitted for review does indicate that the injured worker has decreased sensation along the left inner thigh, and an absent left knee jerk. As the injured worker has clinically evident radiculopathy, the need for an electrodiagnostic study is not supported. As such, the requested NCS of the left lower extremity is not medically necessary or appropriate.

EMG of the left lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints, Chapter 14 Ankle and Foot Complaints.

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

Decision rationale: The requested EMG (electromyography) of the left lower extremity is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends electrodiagnostic studies for injured workers who have non-focal findings of radiculopathy and would benefit from further diagnostic study to identify dermatomal distributions and specific nerve root impingement. The clinical documentation submitted for review does indicate that the injured worker has decreased sensation along the left inner thigh, and an absent left knee jerk. As the injured worker has clinically evident radiculopathy, the need for an electrodiagnostic study is not supported. As such, the requested EMG (electromyography) of the left lower extremity is not medically necessary or appropriate.