

Case Number:	CM13-0050859		
Date Assigned:	04/25/2014	Date of Injury:	03/01/2013
Decision Date:	06/24/2014	UR Denial Date:	09/13/2013
Priority:	Standard	Application Received:	11/13/2013

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 Neurology 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 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 49 year old female with a reported date of injury of 3/1/13. There is no documentation regarding the mechanism of injury. The patient reports diffuse cervical spine pain thoracic and lumbar spine pain. The patient also reports radiating pain bilaterally in the thighs to the knees. On exam, the patient is noted to have spasms throughout the paraspinal muscles. The lower extremity is notable for a lack of Achilles reflexes bilaterally. A lumbar MRI indicates disc bulges ranging from 2 to 2.9 mm from the L2-L3 interspace to L4-L5. The bulge at L4-L5 is reported to have some impression on the thecal sac.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV FOR THE BILATERAL LOWER EXTREMITIES: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 313. Decision based on Non-MTUS Citation Algorithm 12-3

Decision rationale: In reviewing the recommendations for patients with occupational low back complaints that are slow to recover (symptoms greater than 4 weeks) and EMG and Nerve

Conduction are recommended in patients who do not have an obvious level of nerve dysfunction. In this patient's case, she reports radiating pain at the L2-L4 levels bilaterally in addition to absent Achilles reflexes bilaterally (S1 level). Therefore, it is recommended the patient should have bilateral lower extremity EMG and Nerve Conduction studies to further elucidate the pathology.