

Case Number:	CM13-0052702		
Date Assigned:	04/25/2014	Date of Injury:	08/21/2011
Decision Date:	06/10/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	11/04/2013

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 Emergency 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 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:

Patient with date of injury of 8/21/2011, mechanism of injury was pain occurring while lifting a heavy object at work. Patient has a diagnosis of lumbosacral neuritis, Lumbar degenerative disc disorder, mild central canal stenosis, bilateral foramina stenosis, and lumbar disc bulge and lumbosacral sprain. Multiple medical records from primary treating physician and consultants reviewed. Last report available until 3/27/14, patient complains of chronic low back pain with radiation to right lower extremity. Pain is chronic and ongoing for 2 years with no improvement despite conservative care. Pain is bilateral lower back shooting to right leg with numbness and tingling. It worsens with lifting, sitting or standing. Objective exam reveals patient in no distress, neurological exams is benign except for diminished light touch to L5 dermatome in right leg. Back exam reveals tenderness in paraspinal region and facet joint to both sides of back. There is tenderness in right iliac notch, also noted muscle spasms. Positive straight leg raise to 30degrees. Strength and muscle tone is normal. MRI of lumbar spine (10/31/13) reveals broad based disc bulge at L4-5 and L5-S1 with facet hypertrophy and grade 1 anterolisthesis with mild central canal stenosis and mild bilateral foramina narrowing. L5-S1 has more significant mod-severe bilateral foramina narrowing. An EMG was already reportedly done on 11/15/13 with no evidence of peripheral neuropathy or lumbar sacral radiculopathy. Patient has attempted physical therapy and chiropractic with mild improvement and is currently on naproxen. Utilization review is for electromyography (EMG) for left lower extremity and Nerve conduction studies (NCS) of left lower extremity and right lower extremity. Prior UR on 10/22/13 reviewed request for bilateral lower extremity EMG and NCS and only certified testing for right lower extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

ELECTROMYOGRAPHY (EMG) FOR THE LEFT LOWER EXTREMITY: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: As per ACOEM guidelines, Electromyograms (EMGs) may be useful in determining root dysfunction. However, patient has no left sided symptoms. All of patient's symptoms are related to low back pain with right leg radiating, weakness and pain. With no symptoms on the left side, there is no medical necessity to perform an EMG it is not medically necessary.

NERVE CONDUCTION STUDIES (NCS) FOR THE BILATERAL 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 (ODG), NCS

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 377.

Decision rationale: As per ACOEM Guidelines Electrical studies are not recommended without evidence of entrapment neuropathies. Patient has no symptoms on the right or left lower extremity. This test is not medically necessary.