

Case Number:	CM13-0053842		
Date Assigned:	12/30/2013	Date of Injury:	08/16/2013
Decision Date:	10/27/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	11/18/2013

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 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 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:

There were 23 pages provided for this review. There was a primary treating physicians progress report. The date of injury was August 16, 2013. The request here was for acupuncture 1 to 2 times a week and localized intense neural stimulation therapy or LINT. The patient continues to complain of pain and stiffness in the lumbar spine radiating into both legs with numbness. The pain was five out of 10. There was tenderness to palpation at the bilateral SI joints and coccyx. The diagnoses were lumbar radiculopathy and lumbar sprain-strain. The request for authorization for medical treatment was sent on May 13, 2014. The application for independent medical review appears to be for the EMG of the left lower extremity, NCV of the left lower extremity, NCV of the right lower extremity, and EMG of the right lower extremity. It was signed on November 15, 2013. The injury was from October 23, 2013. Another note specified there was lumbar spine pain the radiated to both lower extremities. There was also cervical spine pain the radiated to the upper back. The patient had a history of depression. On exam, the lumbar spine was aligned and spastic. The gait was guarded. The deep tendon reflexes were equal at one plus. Motor strength was five out of five and Kemps test was positive. The cervical spine compression caused pain. The range of motion was intact.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG left lower extremity: Upheld

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

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

Decision rationale: The MTUS ACOEM notes that electrodiagnostic studies may be used when the neurologic examination is unclear, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. In this case, there was not a neurologic exam showing equivocal signs that might warrant clarification with electrodiagnostic testing. I saw largely subjective complaints, without objective neurologic signs. The request was appropriately non-certified.

NCV 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 (ODG), Low Back, Nerve Conduction Studies.

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

Decision rationale: As shared, I saw largely subjective complaints, without objective neurologic signs. The MTUS ACOEM notes that electrodiagnostic studies may be used when the neurologic examination is unclear, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. In this case, there was not a neurologic exam showing equivocal signs that might warrant clarification with electrodiagnostic testing. The request was appropriately non-certified.

EMG right lower extremity: Upheld

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

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

Decision rationale: The MTUS ACOEM notes that electrodiagnostic studies may be used when the neurologic examination is unclear, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. In this case, there was not a neurologic exam showing equivocal signs that might warrant clarification with electrodiagnostic testing. I saw largely subjective complaints, without objective neurologic signs. The request was appropriately non-certified.

NCV right 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), Low Back, Nerve Conduction Studies.

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

Decision rationale: The MTUS ACOEM notes that electrodiagnostic studies may be used when the neurologic examination is unclear, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. In this case, there was not a neurologic exam showing equivocal signs that might warrant clarification with electrodiagnostic testing. Again, I saw largely subjective complaints, without objective neurologic signs. The request was appropriately non-certified.