

Case Number:	CM13-0054310		
Date Assigned:	12/30/2013	Date of Injury:	03/11/2013
Decision Date:	03/24/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	11/06/2013

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 Illinois. 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:

The patient is a 44-year-old male who reported an injury on 03/01/2013. The patient is diagnosed with lumbar disc displacement with myelopathy, thoracic disc displacement with myelopathy, and lesion of the sciatic nerve. The patient underwent an MRI of the lumbar spine on 08/21/2013 which revealed disc bulging with mild compression on the thecal sac, bilateral facet arthrosis, and bilateral neural foraminal narrowing at L4-5 and L5-S1. The mechanism of injury was not specifically stated. The patient was seen by [REDACTED] on 09/18/2013. The patient reported moderate pain in the thoracic spine and lumbar spine. Physical examination revealed 3+ spasm and tenderness in the bilateral thoracic paraspinal muscles and bilateral lumbar paraspinal muscles, as well as positive Kemp's testing bilaterally, positive Yeoman's testing bilaterally, positive straight leg raise, absent left patellar reflex, decreased right patellar reflex, absent Achilles reflex on the left, decreased Achilles reflex on the right, and decreased range of motion. Treatment recommendations included continuation of work hardening sessions, continuation of current medication, and NCV/EMG testing of the bilateral lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Electromyography (EMG) of the bilateral lower extremities between 9/18/13 and 12/1/13:
Upheld

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

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

Decision rationale: California MTUS/ACOEM Practice Guidelines state electromyography, including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. As per the documentation submitted, the patient's physical examination reveals decreased and absent reflexes, positive Kemp's testing, positive Yeoman's testing, and positive straight leg raise. The medical necessity for electrodiagnostic studies, given that radiculopathy is already clinically obvious, has not been established. Based on the clinical information received, the request is non-certified.

1 Nerve Conduction Study (NCS) of the bilateral lower extremities between 9/18/13 and 12/1/13: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Low Back- Lumbar & Thoracic (Acute & Chronic).

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

Decision rationale: California MTUS/ACOEM Practice Guidelines state electromyography, including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. As per the documentation submitted, the patient's physical examination reveals decreased and absent reflexes, positive Kemp's testing, positive Yeoman's testing, and positive straight leg raise. The medical necessity for electrodiagnostic studies, given that radiculopathy is already clinically obvious, has not been established. Based on the clinical information received, the request is non-certified.

1 prescription of Tramadol 50mg #90 between 9/18/13 and 12/1/13: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Baseline pain and functional assessments should be made. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The patient has continuously utilized this medication. Despite ongoing use, the patient continues to report moderate to severe pain. There is no change in the patient's physical examination that would indicate functional improvement. Based on the clinical information received, the request is non-certified.

