

Case Number:	CM13-0055068		
Date Assigned:	12/30/2013	Date of Injury:	08/27/2012
Decision Date:	04/01/2014	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	11/20/2013

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 Family Practice and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working least at 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 26 year old male claimant sustained an injury on 8/27/12 resulting in back pain / Lumbago. An MRI on 9/2012 showed L4-L5 disc protrusion with impingement of the L4 nerve roots. A CT scan of the back on 11/8/12 indicated a pars interarticularis deficit at L5. He was not interested in receiving acupuncture, steroid injections or surgery. He had taken Relafen and Flexeril for pain. A bilateral EMG and NCV were performed on 3/22/13 and were normal. An exam in April 2013 had determined the claimant has reached near maximal medical improvement. An exam note on 10/16/13 stated the low back pain was constant at 7/10 with radiation in the L5 distribution. Exam findings indicated a positive leg raise and decreased sensation in the L5 distribution. An EMG and ECV were ordered to determine if epidural steroid injections would benefit at a particular spine level.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) of the 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): 309.

Decision rationale: According to the ACOEM guidelines, an EMG is recommended to clarify nerve root dysfunction but not recommended for clinically obvious radiculopathy. Based on a normal EMG study in March 2013 and reaching maximal improvement in April 2013 along with no indication for an EMG for possible steroid injections (since the claimant was also not interested in this), an EMG of the left leg is not medically necessary.

Nerve Conduction Study (NCS) of the 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): 309-315.

Decision rationale: NCV testing is not in the treatment algorithm according to the ACOEM guidelines. In addition, the claimant had a normal NCV in March 2013. As a result an additional NCV study of the right leg is not medically necessary when the claimant has reached near maximal improvement.

Nerve Conduction Study (NCS) of the 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): 309-315.

Decision rationale: NCV testing is not in the treatment algorithm according to the ACOEM guidelines. In addition, the claimant had a normal NCV in March 2013. As a result an additional NCV study of the left leg is not medically necessary when the claimant has reached near maximal improvement.

Electromyography (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): 309-315.

Decision rationale: According to the ACOEM guidelines, an EMG is recommended to clarify nerve root dysfunction but not recommended for clinically obvious radiculopathy. Based on a normal EMG study in March 2013 and reaching maximal improvement in April 2013 along with no indication for an EMG for possible steroid injections (since the claimant was also not interested in this), an EMG of the right leg is not medically necessary.