

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM13-0057928 | | |
| Date Assigned: | 12/30/2013 | Date of Injury: | 09/06/2011 |
| Decision Date: | 03/21/2014 | UR Denial Date: | 11/05/2013 |
| Priority: | Standard | Application Received: | 11/25/2013 |

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 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 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:

This patient has a date of injury of 9/6/2011 due to heavy lifting. There is a diagnosis of lumbar spine/strain with radicular signs, lumbar spine herniated nucleus pulposus, post-L knee arthroscopy with no significant improvement and lumbago. Records reviewed are from the primary treating physician, pain management specialist and spine surgeon. The patient complains of left knee pain and low back pain described as 7-9/10. Objective exam results reveal tenderness over spinous process and paravertebral muscles of lumbar spine L1-L5 with decreased range of motion (ROM). A spine surgeon's report from 12/31/13 reports that the patient has no interest in surgical intervention. X-rays of the left knee were normal and an MRI of the left knee showed post operative changes. An MRI from 4/17/13 of the lumbar spine showed multi-level degenerative joint disease, L5-S1 disc extrusion with no effacement on intrusion. The patient has attempted anti-inflammatories, physical therapy, chiropractic, acupuncture and epidural injections along with left knee arthroscopy with minimal improvement. Current medications include tramadol, naproxen, omeprazole and Gabapentin.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV of the bilateral lower extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, second edition Occupational

Medicine Practice Guidelines, Reed Group/The Medical Disability Advisor, and the Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, 308-310.

Decision rationale: As per the ACOEM guidelines, electrodiagnostic studies are contraindicated in cases of obvious radiculopathy and are mainly useful for the diagnosis of subtle radiculopathy. The patient has obvious MRI findings that explain the patient's pain and the patient has neurological, motor, and reflex testing that is normal with no deficits. The patient's pain is chronic and unchanged with no noted worsening in symptomatology for the last year according to the medical records provided for review. There are no red flags noted to require functional testing. Consequently, the request is not medically necessary and appropriate.