

Case Number:	CM13-0058242		
Date Assigned:	12/30/2013	Date of Injury:	04/11/2012
Decision Date:	03/19/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	11/26/2013

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, has a subspecialty in Interventional Spine, 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 is a 60 year-old male who was injured on 4/11/12. According to the 10/24/13 report, he presents with back and leg pain. 50% of the pain is confined to the low back and 50% to the legs, with 70% on the right, and 30% on the left. On exam, he uses a cane to protect himself from falling, and has decreased right heel walking and sensory changes in the right L3-4 and L4-5 distribution. He has been diagnosed as status post global arthrodesis, rule out segmental or adjacent segment syndrome; L3-4 stenosis, congenital and acquired; C5-7 disc injury; hip trochanteric bursitis; narcotic tolerance and adverse reaction to Oxycodone; right thumb injury status post fall; ambulation dysfunction; urinary incontinence; depression; and anxiety.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG of the bilateral lower extremities: 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 states that electromyography (EMG) may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. The patient has had lower back pain over four weeks. Furthermore, he presented on 10/24/13 with chronic low back pain and pain, numbness and tingling down both legs. The request appears to be in accordance with MTUS/ACOEM guidelines, and, as such, is certified.

NCV of the bilateral lower extremities: 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 states that H-reflex tests may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. The patient has had lower back pain over four weeks, and H-reflex tests are part of the NCV. Furthermore, he presented on 10/24/13 with chronic low back pain and pain, numbness and tingling down both legs. The request appears to be in accordance with MTUS/ACOEM guidelines, and, as such, is certified.