

Case Number:	CM13-0058389		
Date Assigned:	12/30/2013	Date of Injury:	04/15/2013
Decision Date:	04/07/2014	UR Denial Date:	11/18/2013
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 Neurology, has a subspecialty in Fellowship trained in Neuro-Oncology and is licensed to practice in Texas. 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 31-year-old male patient with a date of injury 04/15/2013. The mechanism of injury was reportedly while the patient was working, he was struck by a heavy metal tube falling from about 8 feet that struck him on the right side of his chest, causing severe pain and difficulty breathing. The patient subsequently was treated for chronic mechanical low back pain. A clinical narrative dated 11/11/2013, reported that the patient complained of low back pain. The patient reported symptoms to his left leg, and objective findings on examination included TTP and diminished range of motion. The diagnoses were low back pain, contusion of the chest, thoracic sprain/strain, and lumbar sprain/strain. An MRI of the lumbar spine dated 11/01/2013, revealed an L2-3 disc bulge and chronic pars intra-articular. The medications listed were naproxen, cyclobenzaprine, Mentherm, and topiramate. A request was made for a neurosurgeon consult, as well as an electromyography/nerve conduction velocity (EMG/NCV) of the bilateral lower extremities, and additional chiropractic sessions. An EMG/NCV dated 11/20/2013, revealed evidence of a normal study. There was no electrodiagnostic evidence that would be consistent either with a lumbar radiculopathy or with a peripheral nerve injury involving the lower extremities. On exam on 12/17/2013, the patient reported complaining of low back pain due to weather changes. The treatment plan at the time was to include purchase of a TENS unit for upper and lower back pain and, again, a neurosurgeon consult.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) of the bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 303, 309.

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

Decision rationale: The MTUS/ACOEM Guidelines indicate that "Electromyography (EMG), including 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." On the last physical exam dated 12/17/2013, the patient did present with low back pain and objective findings were normal deep tendon reflexes. The Guidelines recommend EMGs; however, the clinical documentation submitted for review indicated that a previous EMG on 11/20/2013 was normal. As such, the request is non-certified

Nerve conduction velocity (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 Official Disability Guidelines, Lumbar Chapter, Nerve Conduction Studies.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Nerve conduction studies (NCS).

Decision rationale: The Official Disability Guidelines indicate that nerve conduction studies are "Not recommended." A previous electromyography/nerve conduction velocity (EMG/NCV) dated 11/20/2013 documented evidence of a normal study. The Guidelines also indicate that NCVs are not recommended. Given that there was a previous EMG/NCV that did not indicate any significant functional and neurological deficits, the request is non-certified.