

Case Number:	CM13-0058505		
Date Assigned:	02/03/2014	Date of Injury:	10/08/2011
Decision Date:	05/08/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/27/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational 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 expert 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 43 year old female who was injured on 10/8/11 while lifting and stacking numerous boxes. He noted a worsening left-sided low back pain with radiation to the left posterior leg. Prior treatment history has included medications, namely Cyclobenzaprine and acetaminophen. An MRI of the lumbar spine dated 4/20/12 showing mild degenerative changes at L4-5, but was otherwise normal. EMG dated 8/9/13 revealed abnormal study. There is electrodiagnostic evidence of a left L5 radiculopathy. There is no electrodiagnostic evidence of a left lower extremity plexopathy or mononeuropathy. A PR-2 dated 10/30/13 documented the patient to have complaints of constant dull lumbar spine pain. There is radiation of pain and numbness to the left buttocks down to the left distal digits. Objective findings on exam included lumbar flexion 12/25 degrees, right lateral flexion 19/25 degrees, left lateral flexion 15/25, and extension 7/25 degrees. Upon all active range of motion studies the patient noted increase mild to moderate pain to the lumbar region. Lasegue's test was positive on the right at 70 degrees and positive on the left at 42 degrees. FABER test is positive bilaterally with increased pain to the lumbar spine. There was a positive Ely's test to the left with increased pain to the lumbar spine, and a positive Kemp's test bilaterally with increased pain to the lumbar spine. Milgram's and Valsalva's tests are positive with increased pain to the lumbar spine. Pinwheel examination of this patient revealed hypoesthesia to the left S1 planes. Muscle testing of this patient revealed a grade +5/5 bilaterally to the L4-S1 planes. Diagnoses include lumbosacral neuritis or radiculitis, lumbosacral sprain/strain, subluxation of the sacrum (sacroiliac joint), and myalgia/myositis.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG of the right lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: The patient does not have right-sided lower extremity symptoms, examination findings, or diagnostic findings. Medical necessity is not established. EMG of the right lower extremity is non-certified.

NCV of the left lower extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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: According to the Official Disability Guidelines, NCV is not recommended. The patient has already had lumbar MRI and left lower extremity EMG. Medical necessity is not established. The request is non-certified.

NCV of the right lower extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: According to the Official Disability Guidelines, NCV is not recommended. The patient has already had lumbar MRI and left lower extremity EMG. Medical necessity is not established. The request is non-certified.