

Case Number:	CM13-0061594		
Date Assigned:	12/30/2013	Date of Injury:	03/01/2012
Decision Date:	05/09/2014	UR Denial Date:	11/11/2013
Priority:	Standard	Application Received:	12/05/2013

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 and Oklahoma. 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 31 year old female who was injured on 03/01/2012. She reported she was assisting moving a consumer who was lying on a mat on the floor into a chair. She reported she moved too quickly and hurt her back. Prior treatment history has included TENS unit, trigger point injection, and back brace. The patient's medications as of 09/16/2013 include: (VAS is 7-8/10) Lidoderm patch Gabapentin 600 mg Tramadol ER 300 mg Naproxen mg Mirtazapine 15 mg Flexeril 7.5 mg Prilosec 20 mg Docuprene 100 mg Office note dated 10/22/2013 indicated the patient was having more spasms in the low back in the last 4 weeks. She also has daily pain in the low back at 7-8/10. She had tingling in the low back and the left posterior part of her thigh. These symptoms decreased her level of activities causing her to rest most of the time. The patient ambulated with a cane for support. Objective findings revealed tenderness in the low back upon palpation. The patient is diagnosed with discogenic lumbar condition with a radicular component down the left lower extremity, element of depression, element of stress and sleep issues, GI irritation, and constipation. Office note dated 07/12/2013 revealed on physical exam, the patient was tender along the lumbosacral area. The range of motion revealed flexion to 50 degrees; extension to 30 degrees; SI joint inflammation on the buttock and the thigh. She had symmetric reflexes. Straight leg raise was positive on the left at 80 degrees; sensory function circumferentially was increased on the right side.

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: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation ODG Low Back (updated 10/09/13) (EMGs) Electromyography, Nerve conduction studies (NCS).

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

Decision rationale: The patient is noted to have chronic low back pain status post injury on 3/1/12. Current request for EMG of the right lower extremity. The most recent exam dated 10/22/13 shows tenderness to palpation. MRI from 1/10/13 shows L5-S1 disc protrusion with displacement of the left S1 nerve root. The treating provider is requesting EMG to document sensory/motor deficits that may be obscured by pain in the contralateral extremity. Although not specified in the treatment guidelines, the treating surgeon requested this multiple times prior to a likely surgical procedure. In this particular case, this is medically necessary.