

Case Number:	CM13-0064275		
Date Assigned:	01/03/2014	Date of Injury:	04/01/2013
Decision Date:	03/27/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/11/2013

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 Internal 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:

The patient is a 58 year old male with minor complaints of low back pain after breaking up a fight at work on 04/01/2013. Initial Comprehensive Ortho Consultation dated 11/20/2013 reported the patient to have complaints of dull aching pain that was intermittent in the low back rated at a 5-6/10. He states the pain radiates into the back of the right thigh. Physical examination revealed a normal gait; heel and toe walk are normal; there is palpable tenderness at the paraspinal muscles and positive trigger point and twitch response; SLR was listed as restricted but no documentation on whether it was positive; Lasegue's maneuver, Babinski and Clonus are all negative; DTR's are +2/4 bilaterally; slight hyperesthesia over the back of the right thigh; no atrophy documented; muscle strength testing was +5/5 bilaterally. On 12/18/2013 the patient had an Orthopedic re-evaluation. The patient continued to complain of lower back pain with intermittent radicular symptoms and dull aching pain in the lower back with intermittent paresthesia over the right thigh. Physical examination revealed palpable trigger points with a positive twitch response and a +2 muscle spasm noted; positive straight leg raise 35° on the right and 45° on the left; motor strength testing is 5/5 bilaterally; DTR's are 2/4 bilaterally.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI lumbar spine: 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: Per the CA MTUS, imaging is warranted for patients that have unequivocal objective findings that identify specific nerve compromise on the neurologic examination in addition to those patients that have not responded to treatment and would consider surgery as an option. Throughout the documentation, there is no indication of a clear objective findings of a nerve compromise in this patient. He has normal DTR's, no mention of muscle atrophy and strength testing is normal bilaterally. Further, there is no mention as to where the patient has had any type of treatment thus far and if he has, there is no mention as to whether it was successful.

EMG right lower extremity: 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: Per the CA MTUS, 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. The patient's physical examinations were essentially normal, with DTR's equal bilaterally, motor strength testing normal and equal bilaterally and orthopedic testing was normal and equal bilaterally. There is no indication of any red flag signs or any treatment history to include the ongoing complaints.

NCS right lower extremity: 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: Per the CA MTUS, 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. The patient's physical examinations were essentially normal, with DTR's equal bilaterally, motor strength testing normal and equal bilaterally and orthopedic testing was normal and equal bilaterally. There is no indication of any red flag signs or any treatment history to include the ongoing complaints.

EMG left lower extremity: 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: Per the CA MTUS, 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. The patient's physical examinations were essentially normal, with DTR's equal bilaterally, motor strength testing normal and equal bilaterally and orthopedic testing was normal and equal bilaterally. There is no indication of any red flag signs or any treatment history to include the ongoing complaints.

NCV left lower extremity: 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: Per the CA MTUS, 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. The patient's physical examinations were essentially normal, with DTR's equal bilaterally, motor strength testing normal and equal bilaterally and orthopedic testing was normal and equal bilaterally. There is no indication of any red flag signs or any treatment history to include the ongoing complaints.