

Case Number:	CM13-0066444		
Date Assigned:	01/03/2014	Date of Injury:	04/02/2011
Decision Date:	05/13/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	12/16/2013

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 Physical Medicine & Rehabilitation 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:

This 38 year-old male sustained a low back injury after lifting an air conditioning unit weighing approximately 50-75 pounds on 4/2/11 while employed by [REDACTED]. Requests under consideration include EMG AND NCV OF THE RIGHT AND LEFT LOWER EXTREMITY. Diagnosis include lumbar sprain. Report of 10/1/13 from the provider noted patient with low back pain and leg pain with numbness and tingling sensation. Back pain radiates to bilateral legs. Conservative care has included an LSO brace for support and pain relief, physical therapy, and medications. Exam of the lumbar spine showed tightness and spasm of the paraspinal musculature; limited range of motion; facet joint tenderness at L3, L4, and L5 bilaterally; hypoesthesia at anterolateral aspect of foot and ankle of an incomplete nature noted at L4, L5, and S1 dermatome bilaterally; weakness in big toe flexors bilaterally. Medications list Anaprox, Prilosec, and Norco. EMG/NCV was requested to establish presence of radiculitis/neuropathy. The requests above for EMG and NCV for bilateral lower extremity were non-certified on 11/22/13 citing guidelines criteria and lack of medical necessity.

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.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 309.

Decision rationale: This 38 year-old male sustained a low back injury after lifting an air conditioning unit weighing approximately 50-75 pounds on 4/2/11 while employed by [REDACTED]. Requests under consideration include EMG AND NCV OF THE RIGHT AND LEFT LOWER EXTREMITY. Report of 10/1/13 from the provider noted patient with radicular low back pain into bilateral legs; however, exam findings were inconsistent with tenderness of facets, limited range and diffuse incomplete hypoesthesia of L4-S1 with first toe flexor weakness. Diagnosis was lumbar sprain. The patient has recent physical therapy treatments for the lumbar spine; however, there was no documentation of specific treatment failure for this chronic 2011 injury without acute flare-up or new injury. There were no specific neurological deficits defined nor conclusive imaging identifying possible neurological compromise. Per MTUS Guidelines, without specific findings or neurological compromise consistent with radiculopathy, foraminal or spinal stenosis on imaging, medical necessity for EMG and NCV has not been established. Submitted reports have not demonstrated any symptoms or clinical findings to suggest any nerve impingement or entrapment syndrome. The EMG of the right lower extremity is not medically necessary and appropriate.

NCV OF THE 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): 309.

Decision rationale: This 38 year-old male sustained a low back injury after lifting an air conditioning unit weighing approximately 50-75 pounds on 4/2/11 while employed by [REDACTED]. Requests under consideration include EMG AND NCV OF THE RIGHT AND LEFT LOWER EXTREMITY. Report of 10/1/13 from the provider noted patient with radicular low back pain into bilateral legs; however, exam findings were inconsistent with tenderness of facets, limited range and diffuse incomplete hypoesthesia of L4-S1 with first toe flexor weakness. Diagnosis was lumbar sprain. The patient has recent physical therapy treatments for the lumbar spine; however, there was no documentation of specific treatment failure for this chronic 2011 injury without acute flare-up or new injury. There were no specific neurological deficits defined nor conclusive imaging identifying possible neurological compromise of foraminal, central canal stenosis, or nerve root impingement. Additionally, the presumed diagnosis and treatment is lumbar radiculopathy; hence, NCV without suspicion or findings of entrapment syndrome has not been established to meet guidelines criteria. The NCV of the right lower extremity is not medically necessary and appropriate.

EMG OF THE 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): 309.

Decision rationale: This 38 year-old male sustained a low back injury after lifting an air conditioning unit weighing approximately 50-75 pounds on 4/2/11 while employed by [REDACTED]. Requests under consideration include EMG AND NCV OF THE RIGHT AND LEFT LOWER EXTREMITY. Report of 10/1/13 from the provider noted patient with radicular low back pain into bilateral legs; however, exam findings were inconsistent with tenderness of facets, limited range and diffuse incomplete hypoesthesia of L4-S1 with first toe flexor weakness. Diagnosis was lumbar sprain. The patient has recent physical therapy treatments for the lumbar spine; however, there was no documentation of specific treatment failure for this chronic 2011 injury without acute flare-up or new injury. There were no specific neurological deficits defined nor conclusive imaging identifying possible neurological compromise. Per MTUS Guidelines, without specific findings or neurological compromise consistent with radiculopathy, foraminal or spinal stenosis on imaging, medical necessity for EMG and NCV has not been established. Submitted reports have not demonstrated any symptoms or clinical findings to suggest any nerve impingement or entrapment syndrome. The EMG of the left lower extremity is not medically necessary and appropriate.

NCV OF THE 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): 309.

Decision rationale: This 38 year-old male sustained a low back injury after lifting an air conditioning unit weighing approximately 50-75 pounds on 4/2/11 while employed by [REDACTED]. Requests under consideration include EMG AND NCV OF THE RIGHT AND LEFT LOWER EXTREMITY. Report of 10/1/13 from the provider noted patient with radicular low back pain into bilateral legs; however, exam findings were inconsistent with tenderness of facets, limited range and diffuse incomplete hypoesthesia of L4-S1 with first toe flexor weakness. Diagnosis was lumbar sprain. The patient has recent physical therapy treatments for the lumbar spine; however, there was no documentation of specific treatment failure for this chronic 2011 injury without acute flare-up or new injury. There were no specific neurological deficits defined nor conclusive imaging identifying possible neurological compromise of foraminal, central canal stenosis, or nerve root impingement. Additionally, the presumed diagnosis and treatment is lumbar radiculopathy; hence, NCV without suspicion or findings of entrapment syndrome has not been established to meet guidelines criteria. The NCV of the left lower extremity is not medically necessary and appropriate.