MAXIMUS Federal Services

Case Number:	CM13-0070727		
Date Assigned:	01/08/2014	Date of Injury:	03/15/2013
Decision Date:	06/05/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	12/26/2013

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 Illinois. 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 injured worker is a 47 year old male with a reported date of injury on 03/15/2012. The injury reportedly occurred when the worker tripped on a wire while carrying a box. According to the orthopedic documentation dated 02/21/2013, the injured worker reported that he had x-rays on03/15/2012 that were "negative" and an MRI in April of 2012 that "showed" bulging discs. The films were not available for review with the provided clinical documents. The injured worker was not prescribed any medication according to the documents provided. The Waddell's sign of non-organic spinal pain was recorded with an "inappropriate response". According to the clinical note dated 02/21/2013 the prescribing physician stated that the injured worker had no focal evidence of radiculopathy, and documented "it is quite clear he has reached maximum medical improvement". The request for authorization for NCV Left Lower Extremity and EMG Left Lower Extremity was submitted on 05/02/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCV LEFT LOWER EXTREMITY: Upheld

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

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

Decision rationale: The request for NCV of the Bilateral Lower Extremities is non-certified. According to the ACOEM guidelines EMG/NCV may be useful to identify subtle, neurologic dysfunction in patients with low back symptoms. ACOEM states when an injured workers neurologic examination is less clear, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. The Official Disability Guidelines further state, there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. There was a lack of clinical documentation regarding evidence of lower left leg radiculopathy. According to the clinical notes provided on 02/21/2013 the prescribing physician states that the injured worker had no focal evidence of radiculopathy, and documented "it is quite clear he has reached maximum medical improvement", but wanted to give the injured worker "each and every benefit of the doubt". The clinical documents provided did not include physical therapy records or indication of any other conservative treatments. Additionally, the use of NCV would not be indicated when performing electrodiagnostic studies on the basis of radiculopathy. Therefore, the request for NCV Left Lower Extremity is not medically necessary.

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): 303-305.

Decision rationale: The request for EMG Left Lower Extremity is non-certified. According to the ACOEM guidelines EMG/NCV may be useful to identify subtle, neurologic dysfunction in patients with low back symptoms. ACOEM states when an injured workers neurologic examination is less clear, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. There was a lack of clinical documentation regarding evidence of lower left leg radiculopathy. According to the clinical notes provided on 02/21/2013 the prescribing physician states that the injured worker had no focal evidence of radiculopathy, and documented "it is quite clear he has reached maximum medical improvement", but wanted to give the injured worker "each and every benefit of the doubt". The clinical documents provided did not include physical therapy records or indication of other conservative treatments. Therefore, the request for EMG Left Lower Extremity is not medically necessary.