

Case Number:	CM13-0070817		
Date Assigned:	01/08/2014	Date of Injury:	07/03/2013
Decision Date:	04/14/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/20/2013

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 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 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 52 year old female who was injured on 07/03/2013. She stepped on a power line, slipped, fell backwards and struck her head and back. Per the records reviewed, she carries a diagnosis of L1 vertebral compression fracture, lumbar and cervical disk displacement with myelopathy, muscle spasm of cervical, thoracic and lumbar spine, Prior treatment history has included physical therapy, myofascial release, interferential current muscle stimulator, lumbosacral orthosis, chiropractor, and referral to pain management. Medications included tramadol, Fluriflex and TGHOT. In a note dated 07/24/2013, documented objective findings on examination of the lumbar spine revealed lower extremity reflexes were +2 bilaterally; skin sensory (Dermatomal) Testing revealed the L4 dermatome was decreased on the right to light touch. The L5 dermatome was decreased on the right to light touch; Muscle testing (Myotomal) revealed lumbar myotomes were within normal limits bilaterally. In a subsequent note dated 11/13/2013, the patient had complaints of frequent slight to moderate pain described as aching. The pain was aggravated by prolonged sitting, prolonged walking and standing. The patient reported that the pain radiated from her low back to her buttocks. She also reported numbness to the area and tossing and turning during sleep hours. Physical exam was documented as +4 spasm and tenderness to the bilateral lumbar paraspinal muscles from L1 to S1 and multifidus: Kemp's test was positive bilaterally. The straight leg raise test was positive bilaterally; Yeoman's was positive bilaterally; Braggard's was positive on the right. The L5 dermatome was decreased on the left to light touch.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCV, 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 (ODG) Low Back, Nerve Conduction Studies (NCS)

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, Electrodiagnostic Studies (EDS)

Decision rationale: The Expert Reviewer's decision rationale: According to the Official Disability Guidelines, nerve conduction velocity studies are not recommended for low back conditions. The medical records do not establish the medical necessity of submitting the patient to testing that is not supported by the evidence based guidelines. Therefore, the medical necessity of NCV, right lower extremity this request is not established.

NCV, 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 (ODG) Low Back, Nerve Conduction Studies (NCS)

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, Electrodiagnostic Studies (EDS)

Decision rationale: According to the Official Disability Guidelines, nerve conduction velocity studies are not recommended for low back conditions. The medical records do not establish the medical necessity of submitting the patient to testing that is not supported by the evidence based guidelines. Therefore, the medical necessity of NCV, left lower extremity this request is not established.

EMG, 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 (ODG) Low Back, EMGs (electromyography)

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, EMGs (electromyography)

Decision rationale: According to the guidelines, needle EMG's are useful to obtain unequivocal evidence of radiculopathy, but the study is not necessary if radiculopathy is already clinically obvious. The note dated 11/13/2013 documents objective findings that include diminished light

touch sensation in the left L5 dermatomal distribution. The clinical findings correlate to the findings of the lumbar spine MRI performed 09/19/2013. The medical necessity of EMG study has not been established.EMG,

EMG, LEFT 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 (ODG) Low Back, EMGs (electromyography)

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, EMGs (electromyography)

Decision rationale: According to the guidelines, needle EMG study is recommended for the purpose of obtaining unequivocal evidence of radiculopathy, but EMG's are not necessary if radiculopathy is already clinically obvious. The note dated 11/13/2013 documents objective findings that include diminished light touch sensation in the left L5 dermatomal distribution. The clinical finding correlate to the findings of the lumbar spine MRI performed 09/19/2013. The medical necessity of EMG study has not been established.