

Case Number:	CM13-0070859		
Date Assigned:	07/02/2014	Date of Injury:	09/08/2013
Decision Date:	07/31/2014	UR Denial Date:	12/18/2013
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 and 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 66-year-old male who reported an injury on 09/08/2013 due to an unknown mechanism of injury. The injured worker complained of pain and stiffness in the lower lumbar region. On 12/09/2013, the physical examination revealed decreased range of motion of the lumbar spine, flexion at 70 degrees, and extension at 30 degrees. His deep tendon reflexes were equal and symmetric. There were no diagnostic studies submitted for review. Diagnoses include lumbago, low back pain, low back syndrome, lumbalgia, lumbosacral spondylosis without myelopathy, lumbosacral arthritis, and osteoarthritis. There was no documentation provided of past treatment history. The injured worker was on the following medications: Ventolin HFA 60 mg, Zithromax 250 mg, prednisone 20 mg, ibuprofen 600 mg, Ultram 50 mg, and Naproxen 500 mg. The current treatment plan is for EMG of the right lower extremity and NCS of the right lower extremity. There was no rationale submitted for review. The Request for Authorization form was dated 12/09/2013.

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): 303-305.

Decision rationale: The MTUS/ACOEM guidelines states that 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. There should be documentation of 3 - 4 weeks of conservative care and observation. An EMG test is done when patients have unexplained muscle weakness. However, there was no documentation subjectively or objectively that the injured worker had any signs or symptoms of muscle weakness. In addition, the EMG test is typically performed for radiculopathy diagnoses, but based on the documentation provided, radiculopathy was not present. Due to lack of documentation, the request for EMG of the right lower extremity is not medically necessary and appropriate.

NCS of the right lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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, Nerve conduction studies (NCS).

Decision rationale: The Official Disability Guidelines do not recommend NCS as there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. In this case, there is no documentation of peripheral neuropathy condition that exists in the lower extremity. The nerve conduction study is used to detect true nerve disorders. However, the signs and symptoms that the injured worker displayed were not consistent with the signs and symptoms of a true nerve disorder such as numbness, tingling, and/or burning sensations. Due to lack of documentation, the request for NCS of the right lower extremity is not medically necessary and appropriate.