

Case Number:	CM14-0005241		
Date Assigned:	01/24/2014	Date of Injury:	03/26/2011
Decision Date:	06/19/2014	UR Denial Date:	12/30/2013
Priority:	Standard	Application Received:	01/14/2014

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 Anesthesiology and Pain Medicine, and is licensed to practice in Florida. 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 50-year-old with an injury reported on March 26, 2011. The mechanism of injury was described as an industrial injury. The clinical note dated November 12, 2013, reported that the injured worker complained of low back pain that radiated down to the right buttock/leg with associated numbness and tingling. The physical examination findings reported tenderness over the lumbar paraspinal process, multiple trigger points noted, with moderate facet tenderness at L3 through S1. Per examination of the injured worker's lumbar spine range of motion with flexion to 50 degrees, extension to 10 degrees, lateral bending to right and left was to 20 degrees. Per MRI from October 31, 2013, post posterior fusion at L3-L4, fusion appeared to be solid. The injured worker's diagnoses included lumbar spine sprain/strain, lumbar disc disease, lumbar radiculopathy, lumbar facet syndrome, status-post lumbar fusion, rheumatoid arthritis, chronic pain. The request for authorization was submitted on January 6, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

ELECTROMYOGRAPHY (EMG) LEFT LOWER EXTREMITY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, , 308-310

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

Decision rationale: The injured worker complained of low back pain that radiated down to the right buttock/leg with associated numbness and tingling. According to the American College of Occupational and Environmental Medicine (ACOEM) guidelines recommend the detection of physiologic abnormalities, if no improvement after 1 month, consider needle EMG and H-reflex tests to clarify nerve root dysfunction. Per the Official Disability Guidelines EMGs are optional to obtain unequivocal evidence of radiculopathy but not necessary if radiculopathy is already clinically obvious. The injured worker complained of low back pain that radiated down with numbness and lumbar radiculopathy is included as a diagnosis. The request for an EMG of the left lower extremity is not medically necessary or appropriate.

NERVE CONDUCTION VELOCITY (NCV) LEFT LOWER EXTREMITY: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 injured worker complained of low back pain that radiated down to the right buttock/leg with associated numbness and tingling. According to the Official Disability Guidelines nerve conduction studies are not recommended as there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. The injured worker complained of low back pain that radiated down with numbness and lumbar radiculopathy is included as a diagnosis. Also, NCVs are generally performed when there is evidence of peripheral neuropathy. There is a lack of evidence to suggest peripheral neuropathy to warrant a nerve conduction velocity. The request for an NCV of the left lower extremity is not medically necessary or appropriate.

NERVE CONDUCTION VELOCITY (NCV) RIGHT LOWER EXTREMITY: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 injured worker complained of low back pain that radiated down to the right buttock/leg with associated numbness and tingling. According to the Official Disability Guidelines nerve conduction studies are not recommended as there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. The injured worker complained of low back pain that radiated down with numbness and lumbar radiculopathy is included as a diagnosis. Also, NCVs are generally performed when there is evidence of peripheral neuropathy. There is a lack of evidence to

suggest peripheral neuropathy to warrant a nerve conduction velocity. The request for an NCV of the right lower extremity is not medically necessary or appropriate.