

Case Number:	CM14-0006572		
Date Assigned:	03/03/2014	Date of Injury:	10/20/2010
Decision Date:	06/30/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/17/2014

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 Physical Medicine and Rehabilitation, and is licensed to practice in Minnesota. 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 24-year-old male who reported injury on 10/20/2010. The mechanism of injury was a fall from a first story balcony. The injured worker had a head injury with amnesia. The documentation of 12/19/2013 revealed the injured worker had lumbar radiculopathy or pain down into the back of the leg which was related to cold weather. The injured worker reported pain in the low back with radiation to the left leg. The injured worker indicated he was performing a home exercise program as outlined by prior physical therapy. The physical examination revealed spinous process tenderness that was noted on L5 and S1. The injured worker had paravertebral muscle spasm and tenderness bilaterally. The straight leg raise test was positive. Sensation was grossly normal along the lower extremity bilaterally and all lower extremity reflexes were equal and symmetric. The diagnoses included lumbar radiculopathy, lumbar or lumbosacral disc degeneration, and backache. The treatment plan included the injured worker had seen an orthopedic spine surgeon who recommended additional physical therapy and an electromyography (EMG). As such, the treatment was requested for physical therapy 2 times a week for 6 weeks and an electromyography (EMG)/NCV (nerve conduction velocity) of the bilateral lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG BILATERAL LOWER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The ACOEM Guidelines indicate that electromyography including H-reflex tests may be useful to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. There should be documentation of conservative care. The clinical documentation indicated the injured worker had symptoms that persisted. However, there was lack of documentation indicating objective findings of myotomal or dermatomal deficits. There was a lack of documentation indicating a rationale for bilateral examinations. Given the above, the request for electromyography (EMG) bilateral lower extremities is not medically necessary.

NCS BILATERAL LOWER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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 Chapter, Nerve conduction studies (NCS)

Decision rationale: The Official Disability Guidelines (ODG) does not recommend Nerve conduction studies (NCS) as 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 documentation of a peripheral neuropathy condition that existed in the bilateral lower extremities. There was a lack of documentation specifically indicating a necessity for both an electromyography (EMG) and NCV (nerve conduction velocity). The clinical documentation indicated the request was for specifically an EMG. Given the above, the request for NCS bilateral lower extremities is not medically necessary.