

Case Number:	CM14-0008002		
Date Assigned:	02/12/2014	Date of Injury:	05/02/2013
Decision Date:	06/09/2014	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	01/21/2014

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 Orthopedic Surgery 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 records reflect that the requested procedures were non-certified. The date of injury is noted as May 2, 2013. The noted diagnosis is a possible lumbar radiculopathy and right hip arthralgia. Treatment to date has included chiropractic care (10 visits) and acupuncture (6 visits) which is noted to be helpful. The pain level is noted to be 6/10. The physical examination noted a limited range of motion, decreased sensory function in L4-5 dermatomes and straight leg raising was 60° on the left. Progress notes from January of 2014 noted ongoing complaints of low back pain rated 7/10. There is radiation into the right lower extremity. There is occasional weakness in the right lower extremity without difficulty relative to bowel or bladder. An MRI has been completed. A 70 pound weight gain is also noted subsequent to the date of injury. Some improvement is noted with chiropractic care and acupuncture. A marked reduction (50%) in lumbar range of motion is reported. Electrodiagnostic studies were completed on December 16, 2013 noting a right L2-3 radiculopathy and a left S1 radiculopathy. MRI noted degenerative disc disease and facet arthropathy associated with canal stenosis. The MRI completed in January, 2014 noted the retrolisthesis, the degenerative disc disease, disc desiccation, loss of disc height and anterior spondylosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG OF BILATERAL LOWER EXTREMITIES: 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): 308.

Decision rationale: The progress note dated January 24, 2014 indicates that electrodiagnostic studies have been completed in December of 2013. Subsequent notes do not indicate any progressive neurologic dysfunction. As such, there is no clinical indication to repeat electrodiagnostic studies in such a short time frame. There are no subtle neurologic dysfunction issues identified. The request is not medically necessary or appropriate.

NCV OF BILATERAL LOWER EXTREMITIES: 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).

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

Decision rationale: When noting the electrodiagnostic studies completed in December of 2013 tempered by the lack of any progressive neurologic dysfunction, there is no clinical indication to repeat these studies at this time. The request is not medically necessary or appropriate according to the guidelines.