

Case Number:	CM14-0008924		
Date Assigned:	01/29/2014	Date of Injury:	10/14/2013
Decision Date:	07/22/2014	UR Denial Date:	12/24/2013
Priority:	Standard	Application Received:	12/31/2013

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 Neurology, has a subspecialty in Neurocritical Care, 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:

This is a 38-year-old with an October 14, 2013 date of injury, when he lifted and carried an oil pain that weighed approximately 100 pounds. December 24, 2013 determination was non-certified given absent objective evidence to support the diagnosis of radiculopathy and given that referenced guidelines indicate that there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. November 21, 2013 lumbar spine MRI report identifies mild neuroforaminal narrowing at L4-5, mild mass effect on the left S1 nerve root with no evidence of spinal stenosis or neuroforaminal narrowing, and mild facet arthropathy at L4-5 and L5-S1. November 26, 2013 first report of occupational injury identifies headaches, neck pain, and low back pain. Exam revealed pain with heel walking and straight leg raise positive at 55 degrees. November 20, 2013 medical report identified low back pain without radiation to the lower extremities. There was no numbness or weakness. Exam revealed no weakness in the lower extremities, sensation was intact, and reflexes were 2/4. There was positive straight leg raise at 30 degrees bilaterally. Diagnoses include lumbar radiculopathy, sprain/strain of the lumbar spine, and muscle spasm of the low back.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG OF THE 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): 303.

Decision rationale: The patient presents with low back pain. There are several medical reports identifying that there are no radiation of symptoms to the lower extremities, numbness, or weakness. The only physical exam findings that are reportedly related to radiculopathy is a positive straight leg raising. There are no sensory, motor, or reflex changes. The MRI does not clearly indicate a nerve root pathology. There is insufficient documentation of radiculopathy or a peripheral nerve entrapment that would warrant these studies. The request for an EMG of the bilateral lower extremities is not medically necessary or appropriate.

NCV OF THE BILATERAL LOWER EXTREMITIES: 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 Chapter.

Decision rationale: The patient has a diagnosis of lumbar radiculopathy without concordant subjective or objective findings for such. The ODG does not support nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy and there is no indication of peripheral neuropathy that would prompt the need for nerve conduction studies. The request for an NCV of the bilateral lower extremities is not medically necessary or appropriate.