

Case Number:	CM14-0104087		
Date Assigned:	07/30/2014	Date of Injury:	04/30/2013
Decision Date:	08/29/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	07/07/2014

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 & Rehab and is licensed to practice in Texas & Ohio. 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 31-year-old male who reported an injury on 04/30/2013 when he was moving several shopping carts while using a strap but stated he had to get in an awkward position to push them. He reported that he had instant pain that worsened throughout the day. Diagnoses were chronic pain syndrome, low back pain, lumbar strain, myalgia, numbness, radicular pain. Past treatments were physical therapy and medications. Diagnostic studies were x-ray, MRI. Past surgical history was for a ganglion cyst. The injured worker had a physical examination on 06/11/2014 with complaints of lumbosacral pain with tightness. He stated that the pain was worse in his right gluteus/buttocks area and radiated to his foot. He also reported numbness in his thigh region. The injured worker reported that his pain level without medications was a 7/10 and with medication was 6/10 to 7/10. Examination of the lumbar spine revealed paraspinal tightness with myofascial restrictions. There were significant muscle spasms from the lower lumbar to the lower thoracic spine. Sensation was 5-/5 on the right secondary to pain and 5/5 on the left. Sensation was grossly intact. Reflexes bilaterally, the patellar was 2 and Achilles was 1+. Sciatic notches were pain free on palpation. Sacroiliac joints were tender to palpation. Babinski's sign was negative. Patrick's sign and Gaenslen's maneuver were positive on the right. No atrophy was noted. Extension was to 10 degrees with pain. Rotation bilaterally was within functional limits with pain at end range. Straight leg raise was positive on the right and negative on the left. There was trigger point tenderness in the sacroiliac joint in the right buttocks/gluteal area. Medications were 800 mg of ibuprofen twice a day and Flexeril 10 mg one half to 1 two or 3 times a week. Treatment plan was for lumbar spine MRI and bilateral lower extremity EMG/nerve conduction study test. The rationale and Request for Authorization were submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

muscle test done w/nerv test lim: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Nerve conduction studies (NCS).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Nerve conduction studies (NCS).

Decision rationale: The request for bilateral lower extremities EMG/nerve conduction study test is non-certified. The California ACOEM states electromyography, including H-reflex test, may be useful to identify subtle, focal neurologic dysfunction in injured workers with low back pain symptoms lasting more than 3 or 4 weeks. The Official Disability Guidelines state 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. There were no objective findings of neurologic deficits for the lower extremities to support the necessity of electrodiagnostic studies. Therefore, the request is non-certified.