

Case Number:	CM14-0012761		
Date Assigned:	02/21/2014	Date of Injury:	10/20/2011
Decision Date:	06/26/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	01/31/2014

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 Surgeon and is licensed to practice in Maryland. 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 26-year-old male who sustained an injury to his low back on 10/20/11 when he tried to lift a car door, resulting in injury to his low back. The injured worker complained of low back pain at 5/10 on the Visual Analogue Scale (VAS) that was constant, tight and worse with sitting/standing for long periods, radiating to the bilateral lower extremities, right greater than left with cramping sensation of the right leg. There was occasional associated numbness in the right, greater than left lower extremity. The injured worker took over-the-counter medications including Ibuprofen for pain. Physical examination noted decreased range of motion with positive straight leg raise on the right; cranial nerves 2-12 intact with no abnormalities; muscle strength 5/5 in the bilateral upper/lower extremities; normal gait; 2+ reflexes in all extremities; normal sensation to light touch with pain in all extremities. MRI the lumbar spine dated 12/07/12 revealed impression of three millimeters central disc bulge at L5-S1 without significant spinal canal or neural foraminal stenosis. The patient was diagnosed with lumbar sprain with three millimeters central this disc bulge at L5-S1

IMR ISSUES, DECISIONS AND RATIONALES

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

ELECTROMYOGRAM (EMG) BILATERAL 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, FOREARM, WRIST AND HAND 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, EMGs (electromyography)

Decision rationale: The request for electromyogram (EMG) of the bilateral lower extremities is not medically necessary. The previous request was denied on the basis that there were no signs of bilateral lower extremity neurological dysfunction based on physical examination. There were subjective complaints of decreased right foot sensation; however, this does not constitute an active radiculopathy, especially when motor, reflex and straight leg testing were normal. MRI essentially revealed normal findings. There was no additional significant objective clinical information provided that would support reversing the previous adverse determination. Given the clinical documentation submitted for review and Official Disability Guidelines medical necessity of the request for EMG of the bilateral lower extremities has not been established. Therefore the request is not medically necessary.

NERVE CONDUCTION VELOCITY (NCV) BILATERAL 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, FOREARM, WRIST AND HAND 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, Nerve conduction studies (NCS)

Decision rationale: The request for nerve conduction velocity testing (NCV) of the bilateral lower extremities is not medically necessary. The previous request was denied on the basis that there were no signs of bilateral lower extremity neurological dysfunction based on physical examination. There were subjective complaints of decreased right foot sensation; however, this does not constitute an active radiculopathy, especially when motor, reflex and straight leg testing were normal. MRI essentially revealed normal findings. There was no additional significant objective clinical information provided that would support reversing the previous adverse determination. Given the clinical documentation submitted for review, and Official Disability Guidelines medical necessity of the request for NCV of the bilateral lower extremities has not been established. Therefore the request is not medically necessary.

REFERRAL TO PAIN MANAGEMENT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, CHAPTER 7,

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, Office visits

Decision rationale: The request for referral to pain management is not medically necessary. The previous request was denied on the basis that the injured worker had no significant findings that would be amenable to treatment by a pain management doctor and that injection or discography is not indicated as injections will offer no benefit and discogram will not correlate with alleged subjective complaints. Therefore, the treatment request for referral to pain management was not deemed as medically appropriate. There was no additional significant objective clinical information provided that would support reversing the previous adverse determination. Given the clinical documentation submitted for review, and Official Disability Guidelines, medical necessity of the request for referral to pain management has not been established. Therefore the request is not medically necessary.