

Case Number:	CM14-0017346		
Date Assigned:	04/14/2014	Date of Injury:	05/15/2013
Decision Date:	06/02/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/11/2014

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 Illinois. 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 35-year-old male who reported an injury on 05/15/2013 after a slip and fall. The injured worker reportedly sustained an injury to his low back and bilateral knees, and suffered emotional distress. The injured worker was evaluated on 01/01/2014. The injured worker complained of low back pain radiating into the bilateral lower extremities. Evaluation of the low back documented tenderness to palpation over the coccygeal area with limited range of motion secondary to pain. It was documented that the injured worker had a positive tripod sign, flip test, and Lasegue's differential bilaterally with decreased sensation in the L5-S1 dermatomes with 4/5 motor strength in the bilateral lower extremities. The injured worker was again evaluated on 01/17/2014 and it was noted within the documentation that the injured worker had previously undergone an MRI on 08/06/2013 with positive findings. It was noted that the injured worker had been administered an epidural steroid injection with little improvement. Physical findings included moderate tenderness to palpation of the paralumbar musculature with decreased range of motion by 30%, positive Kemp's test, positive Lasegue's test, positive Braggard's test and a positive bilateral straight leg raising test, decreased reflexes and sensory deficits noted upon examination. The injured worker's diagnoses included subacute traumatic moderate repetitive lumbar spine sprain/strain radiating into the bilateral lower extremities, traumatic moderate repetitive knee sprain/strain rule out ligamentous injury, anxiety/depression/stress with associated sexual dysfunction and nightly sleep disturbances. The injured worker's treatment plan included a repeat MRI, a Functional Capacity Evaluation, 6 sessions of shockwave therapy to the lumbar spine, referral to Pain Management for medication management, and an EMG/NCV study 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:

ELECTROMYOGRAPHY (EMG) 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): 303-305.

Decision rationale: The requested electromyography of the bilateral lower extremities is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends electrodiagnostic studies for injured workers who have evidence of radiculopathy not clearly defined during physical examination. The clinical documentation submitted for review does indicate that the injured worker had clinically evident radiculopathy and has previously undergone an MRI. Therefore, it is unclear how the addition of an electrodiagnostic study would contribute to the injured worker's treatment plan. As such, the requested electromyography of the bilateral lower extremities is not medically necessary or appropriate.

NERVE CONDUCTION VELOCITY 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): 303-305.

Decision rationale: The requested nerve conduction velocity of the bilateral lower extremities is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends electrodiagnostic studies for injured workers who have evidence of radiculopathy not clearly defined during physical examination. The clinical documentation submitted for review does indicate that the injured worker had clinically evident radiculopathy and has previously undergone an MRI. Therefore, it is unclear how the addition of an electrodiagnostic study would contribute to the injured worker's treatment plan. As such, the requested nerve conduction velocity of the bilateral lower extremities is not medically necessary or appropriate.