

Case Number:	CM14-0018445		
Date Assigned:	04/18/2014	Date of Injury:	12/19/2013
Decision Date:	06/30/2014	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	02/13/2014

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 California and is licensed to practice in Physical Medicine & Rehabilitation. 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 patient is a 33 year old female who was injured on 12/19/2013 while she went into a patient's room and saw that the female patient who weighed approximately 400 pounds was sliding down the bed. She then lifted the patient up to put her in a wheelchair. She states the patient sat down without warning her and at that time she lost balance and fell back, landing directly on her back. Prior treatment history has included the following medications: Prestiq, Flexeril, and Over-the-counter medication. Diagnostic studies reviewed include an x-ray of the lumbar spine showing some slight scoliotic curvature to the spine with some decreased disc height at L5-S1. PR-2 dated 03/05/2014 documented the patient with complaints of lumbar spine pain and constant numbness and tingling in the left lower extremity. Flexeril and Gabapentin are helping although she is not seeing significant improvement with Relafen. Objective findings on examination revealed decreased sensation in the left L5-S1 distribution, positive straight leg raise and shooting pain in the left lower extremity. Impression: Lumbar spine decreased disc space at L5-S1 with constant numbness and tingling in the lower extremities and decreased sensation in left L5-S1. Treatment Plan included A urine toxicology screen that was given to evaluate the patient's medication management. PR-2 dated 01/22/2014 documenting the patient stated she began to experience pain in her neck along with headaches. She complains of constant pain in her lower back at 9/10 with pain radiating to her lower extremities reaching her feet, accompanied with intermittent numbness and tingling. She describes the lower back pain as throbbing. The pain is aggravated with sitting, rising from chair and carrying her baby. Objective findings on exam reveal motor strength of lower extremities is bilaterally normal. Sensory as assessed by pinwheel is within normal limits in both lower extremities except decreased at left L5-S1. Reflexes are bilaterally normal.

IMR ISSUES, DECISIONS AND RATIONALES

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

ELECTROMYOGRAPHY 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): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: According to the MTUS/ACOEM guidelines, EMG may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. According to the Official Disability Guidelines (ODG), EMGs (electromyography) may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. In this case, this patient has lumbar spine pain associated with numbness and tingling in the left lower extremity. On exam, there is documentation of decreased sensation in the left L5-S1 distribution and positive straight leg raise and shooting pain in the left lower extremity. However, there is no documentation that the patient has had an appropriate course of physical therapy. Thus, the request for EMG of bilateral lower extremities is not medically necessary and appropriate.

NERVE CONDUCTION VELOCITY STUDIES OF THE BILATERAL LOWER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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, Lumbar & Thoracic, Nerve Conduction Studies (NCS).

Decision rationale: The California MTUS/ACOEM guidelines do not specifically discuss the issue in dispute and hence The Official Disability Guidelines (ODG) has been consulted. As per ODG, there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. In this case, this patient has lumbar spine pain associated with numbness and tingling in the left lower extremity. On exam, there is documentation of decreased sensation in the left L5-S1 distribution and positive straight leg raise and shooting pain in the left lower extremity. These findings are suggestive of lumbar radiculopathy; and therefore, the medical necessity for the NCS of bilateral lower extremities is not established. The request for NCV studies of the bilateral lower extremities is not medically necessary and appropriate.

