

Case Number:	CM14-0112359		
Date Assigned:	08/08/2014	Date of Injury:	04/01/2012
Decision Date:	10/01/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	07/18/2014

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 Texas. 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 48-year old male who sustained an injury to his low back on 04/01/12 while writing a ticket outside of his patrol car, a car suddenly ran into his car, whipping the open door against his body, throwing him into the air and landing face down in the snow. Progress report dated 07/02/14 reported that the injured worker continued to have low back pain with numbness and tingling in the bilateral toes. He felt like the socks pushing up against his toes. The injured worker denied any shooting pain down the bilateral lower extremities. The injured worker stated that the low and mid back pain was more to the left side. The injured worker was actively participating in a home exercise program. Current medications included tramadol and trazadone. Physical examination of the lumbar spine was 100 degrees, extension 20 degrees, bilateral side bending 30 degrees; able to heel/toe walk; strength was equal in bilateral lower extremities. 12932

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG (electromyogram) Right Lower Extremity Quantity: 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 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, Electrodiagnostic studies (EDS)

Decision rationale: Pain and symptoms localized to the low back, but do not radiate down the legs and physical examination does not give any 'red flag' findings to warrant these tests. The Official Disability Guidelines state that electromyogram (EMG) may be useful to obtain unequivocal evidence of radiculopathy after one month of conservative treatment, but EMGs are not necessary if radiculopathy is already clinically obvious. The Official Disability Guidelines state that nerve conduction study (NCS) are not recommended for the low back. There is minimal justification for performing NCS when an injury is presumed to have symptoms on the basis of radiculopathy. In the management of spine trauma with radicular symptoms, EMG/NCS(Electromyogram/ Nerve conduction velocity) often have low combine sensitivity and specificity in confirming root injury and there is limited evidence to support the use of often uncomfortable and costly EMG/NCS. Given this, the request for EMG of bilateral lower extremities is not indicated as medically necessary.

EMG (electromyogram) Left Lower ExtremityQuantity: 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 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, Electrodiagnostic studies (EDS)

Decision rationale: Pain and symptoms localized to the low back, but do not radiate down the legs and physical examination does not give any 'red flag' findings to warrant these tests. The Official Disability Guidelines state that electromyogram (EMG) may be useful to obtain unequivocal evidence of radiculopathy after one month of conservative treatment, but EMGs are not necessary if radiculopathy is already clinically obvious. The Official Disability Guidelines state that nerve conduction study (NCS) are not recommended for the low back. There is minimal justification for performing NCS when an injury is presumed to have symptoms on the basis of radiculopathy. In the management of spine trauma with radicular symptoms, EMG/NCS often have low combine sensitivity and specificity in confirming root injury and there is limited evidence to support the use of often uncomfortable and costly EMG/NCS(Electromyogram/ Nerve conduction velocity). Given this, the request for EMG of bilateral lower extremities is not indicated as medically necessary.

Nerve conduction velocity (NCV) Right Lower ExtremityQuantity: 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 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, Electrodiagnostic studies (EDS)

Decision rationale: Pain and symptoms localized to the low back, but do not radiate down the legs and physical examination does not give any 'red flag' findings to warrant these tests. The Official Disability Guidelines state that electromyogram (EMG) may be useful to obtain unequivocal evidence of radiculopathy after one month of conservative treatment, but EMGs are not necessary if radiculopathy is already clinically obvious. The Official Disability Guidelines state that nerve conduction study (NCS) are not recommended for the low back. There is minimal justification for performing NCS when an injury is presumed to have symptoms on the basis of radiculopathy. In the management of spine trauma with radicular symptoms, EMG/NCS often have low combine sensitivity and specificity in confirming root injury and there is limited evidence to support the use of often uncomfortable and costly EMG/NCS. Given this, the request for nerve conduction velocity of bilateral lower extremities is not medically necessary.

Nerve conduction velocity (NCV) Left Lower Extremity Quantity: 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 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, Electrodiagnostic studies (EDS)

Decision rationale: Pain and symptoms localized to the low back, but do not radiate down the legs and physical examination does not give any 'red flag' findings to warrant these tests. The Official Disability Guidelines state that electromyogram (EMG) may be useful to obtain unequivocal evidence of radiculopathy after one month of conservative treatment, but EMGs are not necessary if radiculopathy is already clinically obvious. The Official Disability Guidelines state that nerve conduction study (NCS) are not recommended for the low back. There is minimal justification for performing NCS when an injury is presumed to have symptoms on the basis of radiculopathy. In the management of spine trauma with radicular symptoms, EMG/NCS often have low combine sensitivity and specificity in confirming root injury and there is limited evidence to support the use of often uncomfortable and costly EMG/NCS. Given this, the request for nerve conduction velocity of bilateral lower extremities is not medically necessary.

Magnetic Resonance Imaging (MRI) Lumbar Spine Quantity: 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

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, MRIs (magnetic resonance imaging)

Decision rationale: The request for magnetic resonance image (MRI) of the lumbar spine is not medically necessary. Previous request was denied on the basis that clinical documentation submitted for review did not indicate any red flag findings on physical examination, therefore the request was not deemed as medically appropriate. There was no report of a new acute injury or exacerbation of previous symptoms since the previous study. There was no indication that plain radiographs were obtained prior to the request for more advanced MRI. There were no physical examination findings of decreased motor strength increased reflex or sensory deficits. Given this, the request for MRI of the lumbar spine is not medically necessary.

Somatosensory Evoked Potentials (SSEP)Quantity: 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178-179.

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, Electrodiagnostic studies (EDS)

Decision rationale: After reviewing the submitted clinical documentation there was no additional significant objective clinical information provided that would support reverse of the previous adverse determination. Given this, the request for somatosensory-evoked potentials (SSEP) quantity x 1 is not medically necessary.