

Case Number:	CM14-0113503		
Date Assigned:	09/19/2014	Date of Injury:	10/07/2010
Decision Date:	10/22/2014	UR Denial Date:	06/30/2014
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 Occupational Medicine and is licensed to practice in California . 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:

Injured worker is a female with date of injury 10/7/2010. Per progress note dated 5/19/2014, the injured worker complains of left buttock and left leg pain. She has difficulty sitting on the left side and laying on side. She had to stop lumbar physical therapy due to severe pain. She has difficulty walking up stairs. On examination of the lumbar spine, left sacroiliac joint is very tender. There is tenderness with facet loading, compression testing and Gaenslen maneuver. Lumbar range of motion is normal in extension, flexion and side bending. Strength testing of left EHL, peroneal and posterior tibialis is 4/5. Diagnoses include 1) arthralgia sacroiliac joint 2) sacroilitis 3) subluxation sacral 4) lumbar radiculitis 5) spinal stenosis, lumbar with neurogenic claudication 6) degenerative lumbar intervertebral disc 7) intervertebral disc disease with myelopathy lumbar 8) acquired spondyolsthesis 9) spondylosis with lumbar myelopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG of the left lower extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: Per the MTUS Guidelines, EMG may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. The injured worker is status post L4-S1 fusion on 5/26/2013. She reports radicular pain, and has reduced strength distally in left lower extremity. The request for EMG of the left lower extremity is determined to be medically necessary.

NCV of the left lower extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Lumbar & Thoracic (Acute & Chronic)

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) section

Decision rationale: The MTUS Guidelines do not specifically address nerve conduction studies of the lower extremities. Per the ODG, nerve conduction studies are not recommended because there is minimal justification of performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. The requesting physician does not provide explanation of why NCV would be necessary for this injured worker. The request for NCV of the left lower extremity is determined to not be medically necessary.