MAXIMUS Federal Services

Case Number:	CM14-0117762		
Date Assigned:	08/06/2014	Date of Injury:	03/22/2014
Decision Date:	11/07/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	07/25/2014

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 53 year old female who was injured on 3/22/2014 after tripping and falling. She was diagnosed with post-traumatic head syndrome and lumbosacral sprain/strain. She self-treated with over-the-counter Tylenol and Advil. She also was recommended ice, physical therapy, and prescription NSAIDs and muscle relaxants. On 6/2/14, the worker was seen by a neurologist complaining of constant pain in her lower and mid back areas, waist area, tailbone area, pelvis, and left leg with lower extremity weakness, numbness, and tingling. She also complained of headache and left arm/hand pain. She reported only taking Tylenol for her pain at the time. Physical findings included pain (in lumbar area only) with straight leg raising bilaterally and a normal neurological examination of the upper and lower extremities. She was then recommended an nerve testing (EMG/NCV) of the lower extremities due to the normal examination findings in the setting of the worker complaining of low back pain with weakness, tingling, and numbness in her lower extremities (subjectively) to help clarify the source of her symptoms.

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: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The MTUS ACOEM Guidelines state that for lower back complaints, nerve testing may be considered when the neurological examination is less clear for symptoms that last more than 3-4 weeks with conservative therapy. In the case of this worker, her neurological examination was unexpectantly normal while she complained of tingling, numbness, and weakness in her leg. In the opinion of the reviewer, I think that it is reasonable to use nerve testing in order to help clarify the source of her pain and paresthesias considering the unpredictable objective physical examination findings. Therefore, the EMG and NCV testing of bilateral lower extremities are both reasonable and justified in this situation and are medically necessary.

Nerve Conduction Velocity (NCV) study bilateral lower extremities: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2013, Low Back, Nerve Conduction Studies (NCS)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The MTUS ACOEM Guidelines state that for lower back complaints, nerve testing may be considered when the neurological examination is less clear for symptoms that last more than 3-4 weeks with conservative therapy. In the case of this worker, her neurological examination was unexpectantly normal while she complained of tingling, numbness, and weakness in her leg. In the opinion of the reviewer, I think that it is reasonable to use nerve testing in order to help clarify the source of her pain and paresthesias considering the unpredictable objective physical examination findings. Therefore, the EMG and NCV testing of bilateral lower extremities are both reasonable and justified in this situation and are medically necessary.