

Case Number:	CM14-0118534		
Date Assigned:	08/06/2014	Date of Injury:	03/08/2013
Decision Date:	09/25/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	07/28/2014

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:

According to the provided medical reports, this patient is a 61 year old woman who was injured 3/8/13. Mechanism of injury is not specified. The submitted records indicate patient's complaints include back pain mainly in the lower back as well as some neck pain and shoulder pain. There was mention of a previous abdominal hernia repair. There is documentation of conservative treatment for the thoracic and lumbar spines that has included medications, acupuncture, physical therapy, modified duty while the patient seeing a different provider previously. None of those provider's reports documented any neurologic deficits in the lower extremities. There is a pain management Doctor's 1st Report of injury, 6/18/14, handwritten, slightly difficult to read. Relating to the lower back and extremities there is low back pain radiating to the left more than right lower extremities with pain and numbness. Objective findings state that there is tenderness and spasm in the lumbar area and decreased lumbar spine range of motion. There is no documentation in the lower extremities of any focal neurologic deficits. There is a diagnosis of lumbar radiculopathy. There is no mention of any specific complaints in the knees, ankles or feet. A 7/16/14 narrative report from the pain management Dr. also include subjective complaints of radiating pain, numbness and tingling to both lower extremities more on the left. There is no mention in either report of specific dermatomal distribution(s). Positive exam findings in the lumbar spine were tenderness, myospasm and reduced range of motion. Again, no mention of any focal neurologic deficits. Diagnoses relating to the lower back are lumbar myofasciitis, lumbar spine sprain/strain and lumbar radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 303, 309, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304, 309.

Decision rationale: The subjective symptoms in the lower extremities are not specific to any dermatomes or to any peripheral nerve distributions. Exam does not show any focal neurologic deficits either. ACOEM guidelines state that EMG including H-reflex tests may be useful to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. However, there is no documentation of any focal subjective complaints or objective findings suspicious for lumbo- sacral root dysfunction. Diagnostic tests to try to identify one is not indicated. Based upon the evidence and the guidelines, this request is not medically necessary.

Nerve conduction velocity- lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 303, 309, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Back, electrodiagnostic testing.

Decision rationale: ACOEM guidelines back chapter does not even mention nerve conduction studies/nerve conduction velocity tests to evaluate for lumbar radiculopathy. ODG states that NCV/NCS are not recommended. Therefore, based upon the evidence and the guidelines, this request is not medically necessary.