

Case Number:	CM14-0153517		
Date Assigned:	09/23/2014	Date of Injury:	02/05/2013
Decision Date:	11/25/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/19/2014

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 General Preventive Medicine and is licensed to practice in Indiana. 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:

This employee is a 43 year old female with date of injury of 2/5/2013. A review of the medical records indicate that the patient is undergoing treatment for lumbosacral strain and sprain and intervertebral disc disease of the lumbar spine and left leg radiculopathy. Subjective complaints include continued 6/10 lower back pain with radiation down both legs with some numbness and tingling. Objective findings include limited flexion and extension of the lumbar spine with tenderness of the paravertebrals and positive straight leg raise on the left side; weakness in right knee extensors and ankle flexors (4/5); no deficits or sensory or reflexes; MRI showing disc bulging from L3-L5. Treatment has included 12 sessions of chiropractic manipulation, physical therapy, naproxen, and ibuprofen. The utilization review dated 9/3/2014 non-certified neurodiagnostic testing of the bilateral lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurodiagnostic testing of the bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Electrodiagnostic testing (EMG/NCS)

Decision rationale: ACOEM states "Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks." ODG states in the Low Back Chapter and Neck Chapter, "NCS is not recommended, but EMG is recommended as an option (needle, not surface) to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. Electrodiagnostic studies should be performed by appropriately trained Physical Medicine and Rehabilitation or Neurology physicians. See also Monofilament testing". From various notes, it is obvious that the employee has radiculopathy of the left lower extremity. Physical exam findings of weakness in right knee extensors and ankle flexors clearly point to radiculopathy. Therefore, the request for Neuro-Diagnostic Testing of the Bilateral Lower Extremities is not medically necessary.