MAXIMUS Federal Services

Case Number:	CM14-0157277		
Date Assigned:	09/30/2014	Date of Injury:	02/03/2014
Decision Date:	11/12/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/25/2014

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 \ Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 patient is a 33-year-old female who reported a work related injury on 02/03/2014. The mechanism of injury was not provided for review. Diagnoses were noted to include chronic pain in the lower back and right knee. Diagnostic studies were noted to include an MRI of the lumbar spine dated 08/04/2014, which showed a disc protrusion at L4-5 and L5-S1 with facet joint arthropathy, as well as foraminal narrowing. The injured worker's prescribed medications were noted to include tramadol, Norco, naproxen, Norflex, Protonix, and Inderal. Surgical history not applicable. Past treatment was noted to include medication management and physical therapy. Upon examination on 08/11/2014, the injured worker returned complaining of continued chronic pain in the lower back with pain radiating, extending down the back of the right leg to the level of the knee. The patient noted that his pain was a 5/10 on a VAS pain scale, brought on with activities such as bending, lifting, twisting, prolonged standing, prolonged sitting, getting out of cars and chairs, sneezing, walking, coughing, and lying flat. On physical examination it was noted that the patient appeared to be in distress while sitting on the examination table. Upon examination of the lumbar spine, it was noted that there was positive lumbar tenderness and paraspinous muscle spasming, some decreased range of motion of the lumbar spine secondary to pain. Sensation was noted to be intact in all dermatomes in the lower extremities. Reflexes were 1+ in the knees and ankles, bilaterally symmetric. The Babinski sign was absent with no evidence of clonus. The treatment plan consisted of electrodiagnostic studies of the lower extremities. The rationale for the request was to determine if there is any nerve root irritation. In addition, a more recent note dated 09/05/2014 indicated that the injured worker's sensation was intact in all dermatomes in the lower extremities. A Request for Authorization form was submitted for review on 08/09/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) of the Lumbar: Upheld

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): 303-305.

Decision rationale: The California MTUS/ACOEM Guidelines state equivocal objective findings that identify specific nerve root compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment who would consider surgery as an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Electromyography, including H-reflex test, may be useful to identify subtle neurologic dysfunction in patients with low back symptoms lasting more than 4 weeks. Documentation provided did not establish finding on physical examination which would indicate radiculopathy extending from the lumbar spine or peripheral neuropathy in the lower extremities. Due to the lack of documentation providing clinical evidence of radiculopathy, the request for an EMG of the Lumbar Spine is not medically necessary.

Nerve conduction velocity (NCV) of the Lumbar: Upheld

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): 303-305.

Decision rationale: The California MTUS/ACOEM Guidelines state equivocal objective findings that identify specific nerve root compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment who would consider surgery as an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. NCV may be useful to identify subtle neurologic dysfunction in patients with low back symptoms lasting more than 4 weeks. Documentation provided did not establish findings on physical examination which would indicate radiculopathy extending from the lumbar spine or peripheral neuropathy in the lower extremities. Due to the lack of documentation providing clinical evidence of radiculopathy, the request for an NCV of the Lumbar Spine is not medically necessary.