

Case Number:	CM14-0157380		
Date Assigned:	09/30/2014	Date of Injury:	12/13/2013
Decision Date:	11/18/2014	UR Denial Date:	09/04/2014
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 and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Massachusetts. 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 claimant has a history of a work injury occurring on 12/13/13 when, while working as a janitor, he slipped on water striking a table and landing on the floor. He was seen on 01/15/14. There had been a significant increase in pain. He was having left low back pain without radiating symptoms. Physical examination findings included left sacroiliac joint tenderness and reproduction of pain with sacroiliac joint testing. Imaging results of the lumbar spine were reviewed and had been normal. A Toradol injection was administered. Ibuprofen and Flexeril were prescribed and he was referred for physical therapy. On 03/04/14 he was having ongoing back pain. He had completed physical therapy. He was as taking medications as needed. He had not returned to work. He was having midline lumbar pain radiating across the lumbosacral junction. Physical examination findings included lumbar spine pain with twisting. Prednisone and Skelaxin were prescribed. Authorization for additional physical therapy was requested. He was seen on 08/25/14. His history of injury was reviewed. He was having pain rated at 6/10 with numbness and tingling radiating into the legs. Physical examination findings included decreased lumbar spine range of motion with spinous process, paraspinal muscle, and left sacroiliac joint tenderness. There was decreased left lower extremity sensation. An MRI of the lumbar spine and EMG/NCS testing were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG right lower extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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-Lumbar & Thoracic (Acute & Chronic), EMGs (electromyography)

Decision rationale: The claimant is more than 6 months years status post work-related injury and continues to be treated for low back pain. He has numbness and tingling radiating into the legs and the requesting provider documents decreased left lower extremity sensation without reported assessment of strength, reflexes, or presence of neural tension signs. An MRI of the lumbar spine has also been requested. An EMG (electromyography) is recommended as an option to obtain unequivocal evidence of radiculopathy. In this case, the presence of radiculopathy is not supported based on the claimant's symptoms and the physical examinations performed. Also being requested is an MRI of the lumbar spine which would be duplicative. Therefore the requested right lower extremity EMG was not medically necessary.

EMG left lower extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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-Lumbar & Thoracic (Acute & Chronic), EMGs (electromyography)

Decision rationale: The claimant is more than 6 months years status post work-related injury and continues to be treated for low back pain. He has numbness and tingling radiating into the legs and the requesting provider documents decreased left lower extremity sensation without reported assessment of strength, reflexes, or presence of neural tension signs. An MRI of the lumbar spine has also been requested. An EMG (electromyography) is recommended as an option to obtain unequivocal evidence of radiculopathy. In this case, the presence of radiculopathy is not supported based on the claimant's symptoms and the physical examinations performed. Also being requested is an MRI of the lumbar spine which would be duplicative. Therefore the requested left lower extremity EMG was not medically necessary.

NCV left lower extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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-Lumbar & Thoracic (Acute & Chronic), Nerve conduction studies (NCS)

Decision rationale: The claimant is more than 6 months years status post work-related injury and continues to be treated for low back pain. He has numbness and tingling radiating into the legs and the requesting provider documents decreased left lower extremity sensation without reported assessment of strength, reflexes, or presence of neural tension signs. An MRI of the lumbar spine has also been requested. Nerve conduction studies (NCS) for lumbar radiculopathy are not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of lumbar radiculopathy. Also being requested is an MRI of the lumbar spine which would be duplicative. Therefore the requested left lower extremity NCV was not medically necessary.

NCV right lower extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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-Lumbar & Thoracic (Acute & Chronic), Nerve conduction studies (NCS)

Decision rationale: The claimant is more than 6 months years status post work-related injury and continues to be treated for low back pain. He has numbness and tingling radiating into the legs and the requesting provider documents decreased left lower extremity sensation without reported assessment of strength, reflexes, or presence of neural tension signs. An MRI of the lumbar spine has also been requested. Nerve conduction studies (NCS) for lumbar radiculopathy are not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of lumbar radiculopathy. Also being requested is an MRI of the lumbar spine which would be duplicative. Therefore the requested right lower extremity NCV was not medically necessary.