

Case Number:	CM14-0184551		
Date Assigned:	11/12/2014	Date of Injury:	06/17/2013
Decision Date:	12/15/2014	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/05/2014

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 Practice 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:

This is a pleasant 31 year old female who sustained a work injury on June 17, 2013 involving the low back. She was diagnosed with lumbosacral strain and discogenic disease. A progress note on October 17, 2014 indicated the claimant had six/ ten pain that radiated down to her legs. Physical findings were notable for paraspinal tenderness in the lumbar region, and decreased painful range of motion, palpatory tenderness over the sciatic nerve bilaterally. There was no loss of sensation in the L1-S2 dermatomes. The physician requested a lumbosacral brace as well as an MRI to evaluate the nucleus pulposus. An EMG/MCV was order to rule out nerve entrapment. Physical therapy was continued for two times per day for twelve 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) Left lower Extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back, EMGs

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

Decision rationale: According to the guidelines and EMG is not recommended if there is obvious radiculopathy. It is recommended to evaluate and clarify nerve root dysfunction. In this

case, there is no indication of nerve root dysfunction based on the physical findings and EMG of the left leg is not medically necessary.

Electromyography (EMG) Right lower Extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back pain

Decision rationale: According to the guidelines and EMG is not recommended if there is obvious radiculopathy. It is recommended to evaluate and clarify nerve root dysfunction. In this case, there is no indication of nerve root dysfunction based on the physical findings and EMG of the right leg is not medically necessary.

Nerve Conduction Velocity (NCV), Left lower Extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back, Nerve conduction studies

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

Decision rationale: According to the guidelines a nerve conduction study is not recommended. If the claimant is presumed to have radiculopathy then there's minimal justification to perform one. There is limited overall accuracy in detecting discrimination. In this case the physical findings do not support the need for a nerve conduction study. The request for nerve conduction velocity study of the left leg is not medically necessary.

Nerve Conduction Velocity (NCV), Right lower Extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, nerve conduction studies

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back pain

Decision rationale: According to the guidelines a nerve conduction study is not recommended. If the claimant is presumed to have radiculopathy then there's minimal justification to perform one. There is limited overall accuracy in detecting discrimination. In this case the physical findings do not support the need for a nerve conduction study. The request for nerve conduction velocity study of the right leg is not medically necessary.

