

Case Number:	CM14-0022856		
Date Assigned:	06/11/2014	Date of Injury:	08/12/2005
Decision Date:	07/15/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	02/24/2014

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 & Pain Management, has a subspecialty in Pain Medicine and is licensed to practice in Oklahoma and Texas. 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 injured worker is a 53 year old male who reported an injury on 08/12/2005. The mechanism of injury was not noted in the documentation submitted for review. The injured worker complained of low back pain that has radiated to left lower extremity. Upon physical exam the injured worker is noted with antalgic gait, pain with motion and pain noted in the left buttocks and S1 joint. Bilateral lower extremity strength is normal and Patrick's Faber test was positive on the left. Straight leg raise was noted for back pain only on the right and radiates on the left. The injured worker has a history of chronic pain secondary to trauma, myalgia and myositis, status post laminectomy syndrome of the lumbar region, degenerative disc disease lumbar and radiculopathy thoracic or lumbosacral. The injured worker has received an epidural steroid injection and chiropractic therapy and taken medications for treatment. The injured worker's medications include Norco 10/325 mg 1-2 tablets every 4-6 hours as needed for pain and Diazepam 5mg 1 tablet at bedtime as needed for spasms. The request for authorization and rationale for eletromyogram (EMG) and nerve conduction velocity (NVC) was not included with the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

ELECTROMYOGRAM (EMG) BILATERAL LOWER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 303-305.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The request for electromyogram (EMG) bilateral lower extremities is non-certified. The injured worker has a history of chronic low back pain that radiates down the left lower extremity. The documentation provided noted medication, epidural steroid injection and chiropractic therapy were used for treatment. The ACOEM states that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. The documentation noted straight leg raise resulted in back pain only on the right and radiates on the left. However there is a lack of documentation to indicate the injured worker has not responded to physical therapy and no discussion of a proposed surgery. In addition the documentation noted the injured worker responded positively to the epidural steroid injection and there were no documented objective findings that identify specific nerve compromise on the neurologic examination. Based on the above noted, the request is non-certified.

NERVE CONDUCTION VELOCITY (NVC): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

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, Nerve Conduction Studies (NCS).

Decision rationale: The request for nerve conduction velocity (NCV) is non-certified. The injured worker has a history of chronic low back pain that radiates down the left lower extremity. The documentation provided noted medication, epidural steroid injection and chiropractic therapy were used for treatment. The Official Disability Guidelines (ODG) state that nerve conduction studies for the lower back are not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. The documentation noted straight leg raise resulted in back pain only on the right and radiates on the left. And the injured worker has a history of lumbosacral radiculopathy. Due to clinical signs and symptoms of radiculopathy, the test is not recommended. Based on the above noted, the request is non-certified.