

Case Number:	CM14-0024492		
Date Assigned:	06/11/2014	Date of Injury:	06/10/2011
Decision Date:	07/15/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/26/2014

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 Occupational Medicine, and is licensed to practice in 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 43 year old male who reported an injury to his low back. The injured worker stated that the initial injury occurred on 06/10/11 when he was carrying 20-35 pounds of gravel in buckets when he had slip and fall on wet floor. The injured worker underwent chiropractic therapy with no significant benefit. The injured worker underwent two injections which worsened the pain level. There was a history of the injured worker utilizing a TENS unit and massage. The injured worker rated the low back pain as 6/10. The injured worker utilized naproxen and tramadol for pain relief. Clinical note dated 02/12/14 indicated the injured worker being a current everyday smoker of one pack per day. Recent toxicology exam dated 01/21/13 indicated the injured worker showed positive findings for THC. The electrodiagnostic studies on 12/02/13 revealed a chronic bilateral S1 radiculopathy. The Qualified Medical Examination dated 02/08/14 indicated the injured worker complaining of low back pain. A clinical note dated 03/18/14 indicated the injured worker complaining of low back pain radiating to the right lower extremity. The injured worker reported weakness at the right foot and numbness in the right calf, leg, and foot. The injured worker continued to rate the pain 6/10. The injured worker was described as dull, aching, pressure like cramping sensation. Bending, sitting, standing, walking, and exercising all exacerbated the pain. Upon exam the injured worker demonstrated 50 degrees of flexion with 2 degrees of extension and 20 degrees of bilateral side bending. Tenderness to palpation was identified. The injured worker had positive bilateral straight leg raise at 50 degrees. Strength was 4/5 with plantarflexion in bilateral ankles. Reflexes were symmetric in bilateral lower extremities. Sensation was diminished in L5 and S1 dermatomes and bilateral lower extremities. The utilization review dated 01/29/14 resulted in denial for EMG/NCV of the lower extremities as insufficient information had been submitted regarding neurological complaints in the left lower extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

ELECTROMYOGRAPHY FOR 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): 303-304.

Decision rationale: The clinical documentation indicates the injured worker recently undergoing electrodiagnostic studies revealing S1 radiculopathy. According to the American College of Occupational and Environmental Medicine (ACOEM), repeat electrodiagnostic studies would be indicated in the lower extremities provided that the injured worker meets specific criteria, including significant changes having been identified regarding the patient symptoms identified upon clinical evaluation. No information was submitted regarding significant changes in symptomology. The clinical exam revealed no new developments having been identified with new pathology. Given this, the request is not indicated as medically necessary.

NERVE CONDUCTION VELOCITY STUDIES FOR THE BILATERAL LOWER EXTREMITIES: Upheld

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

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 Chapter, Nerve conduction studies (NCS).

Decision rationale: The clinical documentation indicates the injured worker recently undergoing electrodiagnostic studies revealing S1 radiculopathy. According to Official Disability Guidelines (ODG), repeat electrodiagnostic studies would be indicated in the lower extremities provided that the injured worker meets specific criteria, including significant changes having been identified regarding the patient symptoms identified upon clinical evaluation. No information was submitted regarding significant changes in symptomology. The clinical exam revealed no new developments having been identified with new pathology. Given this, the request is not indicated as medically necessary.