

Case Number:	CM14-0026833		
Date Assigned:	06/13/2014	Date of Injury:	10/02/2013
Decision Date:	07/16/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	03/03/2014

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 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 35 year old male who had a work related injury on 10/02/13. He was working construction, lifted a brace or bracket which weighed about 120 pounds by himself and hurt his low back. The pain radiated to the buttocks bilaterally. The report shows the injured was able to finish his shift and was working regular duties since then. The record demonstrates chiropractic treatment about four or five times which had not helped. The initial treatment included physical therapy, Motrin, Norco, naproxen, and modified duty at work. On 10/21/13 the injured worker was reevaluated complaining of low back pain with symptoms down both thighs right greater than left. It is reported the return visit to the chiropractor made symptoms worse. At this visit the injured worker was started on ibuprofen and Ultracet. On 10/23/13 the injured worker had a reinjury to his back. The injured worker reported a piece of metal fell backwards and struck his low back and upper gluteal area while wearing a back support; subsequent symptoms of pain shooting down the left leg were treated with antispasmodic medications, continuation of the anti-inflammatory medication, and Ultracet. A CT scan of lumbar spine dated 05/15/14, showed a L4-L5 disc bulge measuring 2 millimeters without obvious disc herniation, central canal, or neural foraminal stenosis. On the L5-S1 there was disc bulge/protrusion measuring 2-3 millimeters. No definite central canal stenosis. There was mild narrowing of the lateral recess and mild bilateral neural foraminal stenosis. Impression mild degenerative disc disease of the lumbar spine. Bilateral L5 spondylolysis. Transitional lumbosacral vertebrae compatible with lumbarized S1. X-rays of the lumbar spine dated 01/17/14 mild narrowing of the interspace with a small L4 anterior spur at L3-L4. Mild left convexity of lumbar spine. There was a 2.2 millimeter L3 posterior listhesis in extension. There was a 2.4 millimeter L4 posterior listhesis in extension. There was a 2 millimeter L5 anterior listhesis in extension. There was a 2.2 millimeter L3 posterior listhesis in flexion. There was a

2.3 millimeter posterior listhesis of L4 in flexion. There was a 3.1 millimeter L5 anterior listhesis in flexion. On 01/31/14 an electrodiagnostic report showing evidence consistent with a left sided lumbar radiculopathy involving the left L4 and L5 nerve roots. The patient had chiropractic treatment with no relief of symptoms, acupuncture, and physical therapy. Physical examination injured worker seemed to be in slight discomfort at the time of the evaluation. Lower extremities reflexes were sharp and equally and equal bilaterally. Negative Valsalva maneuver. Range of motion of the lumbar spine was decreased in forward flexion at 80-90 degrees. Extension was 25-30 degrees with pain and stiffness. Positive straight leg raise at 75 degrees bilaterally with hamstring tightness and mild low back pain. There was a negative straight leg raise test on right. Positive SI compression test bilaterally. A 2+ tenderness at the L5 spinous process. Lower extremities dermatomal sensation seemed to be slightly decreased in the left lower extremity in L5-S1 dermatomes. Diagnosis was lower extremities radiculopathy. Prior utilization review dated 02/12/14 not medically necessary for EMG/NCV bilateral lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG LEFT LOWER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 308-310.

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, Electrodiagnostic studies (EMG/NCV).

Decision rationale: The request for EMG left lower extremity is not medically necessary. The clinical documentation does not support the request for EMG of left lower extremity. On 01/31/14, an electrodiagnostic report showed evidence consistent with a left sided lumbar radiculopathy involving the left L4 and L5 nerve roots. With previous EMG/NCV and no new documentation of progression of symptoms, as such medical necessity has not been established.

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, Electrodiagnostic studies (EMG/NCV).

Decision rationale: The request for NCV left lower extremity is not medically necessary. The clinical documentation does not support the request for NCV of left lower extremity. An electrodiagnostic report on 01/31/14 showed evidence consistent with a left sided lumbar radiculopathy involving the left L4 and L5 nerve roots. With previous EMG/NCV and no new documentation of progression of symptoms, as such medical necessity has not been established.

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, electrodiagnostic studies, (EMG/NCV).

Decision rationale: The request for NCV right lower extremity is not medically necessary. The clinical documentation does not support the request for NCV right lower extremity. There is no documentation of right lower extremity symptoms, as such medical necessity has not been established.

EMG RIGHT LOWER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 308-310.

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, Electrodiagnostic studies (EMG/NCV).

Decision rationale: The request for EMG right lower extremity is not medically necessary. The clinical documentation does not support the request for EMG right lower extremity. There is no documentation of right lower extremity symptoms as such medical necessity has not been established.