

Case Number:	CM14-0029114		
Date Assigned:	06/20/2014	Date of Injury:	10/29/2013
Decision Date:	07/17/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	03/07/2014

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 39 year old male who reported an injury to his low back 10/29/13. The utilization review dated 01/28/14 resulted in a denial for retrospective electrodiagnostic Electromyography (EMG) and Nerve Conduction Velocity (NCV) studies of the bilateral lower extremities as no evidence was submitted regarding the injured worker's neurologic symptoms supporting the need for EMG/NCV studies. No evidence of potential peripheral nerve compression was identified. Therefore, the request resulted in a denial. The clinical note dated 11/07/13 indicates the injured worker had been injured on 10/29/13 when he tripped and fell approximately 6-7 feet. The injured worker had subsequent complaints of low back pain. The injured worker also reported numbness in the legs after prolonged sitting or standing. The injured worker reported pain associated with activities of daily living (ADLs). The injured worker was recommended for imaging studies at that time. The clinical note dated 11/05/13 indicates the injured worker showing range of motion restrictions in the lumbar region. Tenderness was identified at the posterior portion of the right shoulder as well. Tenderness was identified at the L1-2 level within the paralumbar musculature. Tenderness was also identified at the left SI area. The clinical note dated 04/30/14 indicates the injured worker demonstrating 54 degrees of lumbar flexion with 5 degrees of extension. Tenderness continued at the L4-S1 levels. The MRI of the thoracolumbar spine dated 01/10/14 revealed multilevel disc bulges most significantly at L2-3, L3-4, L4-5 and L5-S1. There is mild bilateral neural foraminal narrowing at L2-3 and L3-4. Bilateral facet arthrosis and moderate bilateral neural foraminal narrowing was also identified at L4-5. Bilateral facet arthrosis and marked bilateral neural foraminal narrowing was identified at L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective electromyography left lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES - LOW BACK.

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

Decision rationale: The request for retrospective electrodiagnostic studies of the bilateral lower extremities is not medically necessary. The documentation indicates the injured worker complaining of low back pain with radiating pain to the lower extremities. Electrodiagnostic studies are indicated in the lower extremities provided the injured worker meets specific criteria to include significant neurologic deficits identified by clinical exam or neural compressive findings have been identified by imaging studies, and the injured worker has completed all conservative treatments. There is an indication the injured worker has multilevel disc bulges. Foraminal narrowing was also identified at the L2 through S1 levels. However, no information was submitted regarding the injured worker's ongoing neurologic deficits in the lower extremities. Given that the injured worker is currently asymptomatic, this request is not indicated as medically necessary.

Retrospective electromyography right lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES - LOW BACK.

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

Decision rationale: The request for retrospective electrodiagnostic studies of the bilateral lower extremities is not medically necessary. The documentation indicates the injured worker complaining of low back pain with radiating pain to the lower extremities. Electrodiagnostic studies are indicated in the lower extremities provided the injured worker meets specific criteria to include significant neurologic deficits identified by clinical exam or neural compressive findings have been identified by imaging studies, and the injured worker has completed all conservative treatments. There is an indication the injured worker has multilevel disc bulges. Foraminal narrowing was also identified at the L2 through S1 levels. However, no information was submitted regarding the injured worker's ongoing neurologic deficits in the lower extremities. Given that the injured worker is currently asymptomatic, this request is not indicated as medically necessary.

Retrospective nerve conduction velocity left 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 - LOW BACK; NERVE CONDUCTION STUDIES.

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 request for retrospective electrodiagnostic studies of the bilateral lower extremities is not medically necessary. The documentation indicates the injured worker complaining of low back pain with radiating pain to the lower extremities. Electrodiagnostic studies are indicated in the lower extremities provided the injured worker meets specific criteria to include significant neurologic deficits identified by clinical exam or neural compressive findings have been identified by imaging studies, and the injured worker has completed all conservative treatments. There is an indication the injured worker has multilevel disc bulges. Foraminal narrowing was also identified at the L2 through S1 levels. However, no information was submitted regarding the injured worker's ongoing neurologic deficits in the lower extremities. Given that the injured worker is currently asymptomatic, this request is not indicated as medically necessary.

Retrospective nerve conduction velocity 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 - LOW BACK; NERVE CONDUCTION STUDIES.

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 request for retrospective electrodiagnostic studies of the bilateral lower extremities is not medically necessary. The documentation indicates the injured worker complaining of low back pain with radiating pain to the lower extremities. Electrodiagnostic studies are indicated in the lower extremities provided the injured worker meets specific criteria to include significant neurologic deficits identified by clinical exam or neural compressive findings have been identified by imaging studies, and the injured worker has completed all conservative treatments. There is an indication the injured worker has multilevel disc bulges. Foraminal narrowing was also identified at the L2 through S1 levels. However, no information was submitted regarding the injured worker's ongoing neurologic deficits in the lower extremities. Given that the injured worker is currently asymptomatic, this request is not indicated as medically necessary.