

Case Number:	CM14-0029857		
Date Assigned:	06/20/2014	Date of Injury:	08/24/2012
Decision Date:	07/25/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	03/10/2014

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 Anesthesiology, has a subspecialty in Pain 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 55 year old female who reported an injury to the lower extremities on 08/24/12 while moving a refrigerator on a dolly up a flight of stairs. The injured worker subsequently developed low back pain that radiated into the groin. The injured worker reported persistent symptoms thereafter. X-rays of the lumbar spine were obtained. The injured worker had been diagnosed with a lumbar sprain. The injured worker was also diagnosed with an inguinal hernia. There is an indication the injured worker had undergone a hernia surgery. The evaluation does indicate the injured worker having continued complaints of low back pain that was described as constant and moderate to severe in intensity. Radiating pain was identified into both thighs. The injured worker also reported numbness and tingling throughout both lower extremities. Prolonged sitting exacerbates the injured worker's pain. The injured worker was able to demonstrate 90% of lumbar flexion, 95% of extension, and 90% of right lateral bending. The note indicates the injured worker had been utilizing Tylenol #3. MRI of the lumbar spine dated 01/23/14 revealed an annular tear at L4-L5 with a 3mm midline disc protrusion resulting in abutment of the descending L5 nerve root bilaterally. Mild central canal narrowing was also identified. A disc protrusion was identified at L3-L4 with minimal abutment of the exiting L3 nerve root on the left. The therapy note dated 03/10/14 indicates the injured worker having completed 8 physical therapy sessions to date. The clinical note dated 04/29/14 indicates the injured worker able to demonstrate 40 degrees of lumbar flexion, 15 degrees of extension, 15 degrees of left side bending, 12 degrees of right side bending, 10 degrees of left rotation, and 15 degrees of right rotation. The therapy note dated 05/12/14 indicates the injured worker having completed 18 physical therapy sessions to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG of bilateral lower extremities: Overturned

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 (updated 12/27/12) EMG (electromyography).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : Low Back Complaints Page(s): 303.

Decision rationale: The request for an EMG of the bilateral lower extremities is recommended as medically necessary. The documentation indicates the injured worker complaining of low back pain with associated radiculopathy in the lower extremities. An EMG is indicated in the lower extremities for injured workers who have demonstrated neurologic deficits. Given the injured worker's radiculopathy manifested by the sensation deficits in the lower extremities, this request is reasonable and medically necessary.

NCV of bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-312.

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 an EMG of the bilateral lower extremities is recommended as medically necessary. The documentation indicates the injured worker complaining of low back pain with associated radiculopathy in the lower extremities. An EMG is indicated in the lower extremities for injured workers who have demonstrated neurologic deficits. Given the injured worker's radiculopathy manifested by the sensation deficits in the lower extremities, this request is not reasonable and not medically necessary.