

Case Number:	CM14-0042487		
Date Assigned:	06/30/2014	Date of Injury:	04/17/2009
Decision Date:	08/20/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/08/2014

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 Orthopedic Surgery, has a subspecialty in Orthopedic Sports Medicine and is licensed to practice in Maryland. 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 50 year old female who reported an injury to her low back on 05/05/2010 when she attempted to sit in a wheeled chair and slipped on oil. The injured worker reported low back and left leg pain. The clinical note dated 07/28/10 indicates the injured worker having attended 6 physical therapy sessions without any significant benefit. The injured worker described the pain as moderate to severe in nature with a burning sensation and stiffness. The injured worker reported weakness in the lower extremities as well as a giving out sensation. The MRI of the lumbar spine dated 11/04/12 revealed transitional anatomy. Disc desiccation was identified at L4-5 with a 2 mm posterior broad based disc bulge. Mild disc space narrowing was identified at L3-4 with a 3 mm broad based disc bulge eccentric to the left causing moderate flattening of the ventral thecal sac and a mild lateral recess stenosis. The CT myelogram of the lumbar spine dated 06/21/13 revealed mild degenerative findings at L4-5. Mild right sided facet arthrosis was also revealed at L5-S1. The clinical note dated 07/25/13 indicates the injured worker continuing with low back pain. The injured worker was ambulating with an antalgic gait and utilizing a single point cane for stability. The clinical note dated 08/20/13 indicates the injured worker showing tenderness in the lumbosacral spine. The clinical note dated 12/04/13 indicates the injured worker complaining of numbness in the top of the right foot. The injured worker was rating the low back pain as 8-9/10 at that time. The qualified medical evaluation dated 12/31/13 indicates the injured worker utilizing hydrocodone and Naprosyn for pain relief. The utilization review dated 03/27/14 resulted in a denial for electrodiagnostic studies as no objective findings were documented regarding the injured worker's neurologic deficits.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG of the left lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back (EMGs (electromyography)).

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

Decision rationale: The request for electrodiagnostic studies in the lower extremities is not medically necessary. The documentation indicates the injured worker complained of numbness and tingling in the lower extremities. However, no reflex, sensation or strength deficits are identified throughout the lower extremities. There is an indication the injured worker has completed physical therapy in the remote past; however, no information was submitted regarding the injured worker's more recent completion of any conservative treatment. Given these factors, the requested electrodiagnostic studies are not indicated as medically necessary.

NCV of the 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 (NCS).

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 electrodiagnostic studies in the lower extremities is not medically necessary. The documentation indicates the injured worker complained of numbness and tingling in the lower extremities. However, no reflex, sensation or strength deficits are identified throughout the lower extremities. There is an indication the injured worker has completed physical therapy in the remote past; however, no information was submitted regarding the injured worker's more recent completion of any conservative treatment. Given these factors, the requested electrodiagnostic studies are not indicated as medically necessary.

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