

Case Number:	CM14-0045303		
Date Assigned:	06/27/2014	Date of Injury:	09/13/2013
Decision Date:	08/12/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/01/2014

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 North Carolina. 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 patient is a 31 year old with a date of injury of 9/13/13. The patient has the diagnoses of lumbar strain with right leg radiculopathy and multi disc herniation. Progress notes provided by the primary treating physician dated 2/26/14 indicates that the patient complains of persistent and ongoing back pain that is categorized as severe. Physical exam showed tenderness and tightness of the lumbar spine, restricted range of motion of the lumbar spine, bilaterally positive straight leg raise test, with sensation to light touch, pinprick and proprioception symmetric and normal with no evidence of decreased sensation. MRI showed disc protrusion at L3-4, L4-5, L2-3 and L5-S1. Treatment plan consisted of EMG and NCV due to ongoing radiculopathy, acupuncture, electric heating pad and pain management.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) Bilateral Lower Extremities: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

Decision rationale: The ACOEM states that electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. This patient however has no decrease in sensation in light touch, pinprick, or proprioception per the progress reports. Neurologic exam is equal bilaterally except for the straight leg raise test. In the absence of these neurologic dysfunctions the requested test is not medically necessary.

Nerve conduction velocity (NCV) Bilateral Lower Extremities: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

Decision rationale: The ACOEM states that nerve conduction velocities (NCV), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. This patient however has no decrease in sensation in light touch, pinprick, or proprioception per the progress reports. Neurologic exam is equal bilaterally except for the straight leg raise test. In the absence of these neurologic dysfunctions the requested test is not medically necessary.