

Case Number:	CM14-0047583		
Date Assigned:	06/25/2014	Date of Injury:	12/09/2013
Decision Date:	08/13/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	03/31/2014

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 Nevada. 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 52-year-old female who was reportedly injured on December 9, 2013. The mechanism of injury was noted as a fall. The most recent progress note dated February 24, 2014, indicated that there were ongoing complaints of low back pain radiating to the right leg and foot. Current medications include hydrocodone, methocarbamol and ibuprofen. The physical examination demonstrated tenderness along the posterior aspect of the cervical spine. There was a positive left-sided Spurling's test. There were apprehension, Mel tracking, and crepitus of the right knee. Lower extremity neurological testing noted decreased sensation at the first web space of the right lower extremity. Diagnostic imaging studies reported a compression fracture of the L1 and L2 vertebral bodies. A magnetic resonance image of the lumbar spine noted diffuse spondylitic changes, a synovial cyst at L5-S1 versus a nerve root cyst, an anterolisthesis of L4 on L5 and a disc bulge at L4-L5 abutting the exiting nerve roots. Previous treatment included physical therapy and a home exercise program. A request had been made for electromyogram and nerve conduction studies of the lower extremities and methocarbamol and was not certified in the pre-authorization process on March 7, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG of the bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC Low back.

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

Decision rationale: According to the American College of Occupational and Environmental Medicine, electromyogram and nerve conduction studies can be helpful in identifying subtotal focal neurological dysfunction. According to the most recent progress note dated February 24, 2014, the injured employee has abnormal physical examination findings that corroborate with objective findings on magnetic resonance image. Therefore, this request for electromyogram studies of the bilateral lower extremities is not medically necessary.

NCS of the bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC Low back.

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

Decision rationale: According to the American College of Occupational and Environmental Medicine, electromyogram and nerve conduction studies can be helpful in identifying subtotal focal neurological dysfunction. According to the most recent progress note dated February 24, 2014, the injured employee has abnormal physical examination findings that corroborate with objective findings on magnetic resonance imaging. Therefore, this request for nerve conduction studies of the bilateral lower extremities is not medically necessary.

Methocarbamol 750mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants(for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 63-66 of 127.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, muscle relaxants are indicated as a second line option for the short-term treatment of acute exacerbations of chronic low back pain. According to the most recent progress note dated February 24, 2014, the injured employee did not have any complaints of acute exacerbations, nor were there any spasms present on physical examination. For these reasons, this request for methocarbamol is not medically necessary.