

Case Number:	CM14-0050413		
Date Assigned:	07/07/2014	Date of Injury:	07/15/2013
Decision Date:	08/22/2014	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	04/17/2014

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 50 year old male who was injured on 7/15/13 after falling. He was diagnosed with lumbar spinal compression fractures, lumbar myofasciitis, head trauma, and lumbar vertebra dislocation. He was treated with oral medications and physical therapy following the injury, but continued to experience chronic low back pain with radiating pain, numbness, and tingling into his legs. The worker was seen by his primary treating physician complaining of headaches, low back pain with radiation to both legs, weakness in the right leg, and associated numbness, tingling, and burning sensations in his legs. He rated the overall pain level at 8/10 on the pain scale on average. Physical examination was significant for an antalgic gait, tenderness to palpation of the lower lumbar spine, positive straight leg raise on the right, positive Deyerle's sign on the right, positive Kemp's test, and decreased range of motion of the lumbar spine. He was then, based on the office visit findings, given the diagnosis of lumbar spine radiculitis/neuritis. He was then recommended to get a lumbar MRI and lower extremity EMG/NCV testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG left lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The MTUS ACOEM Guidelines state that for lower back complaints, nerve testing may be considered when the neurological examination is less clear for symptoms that last more than 3-4 weeks with conservative therapy. In the case of this worker, the treating physician recorded subjective complaints of the worker as well as objective physical findings that were all suggestive of neurological compromise, and even gave him the diagnosis of radiculitis/neuritis afterwards. Therefore, the EMG/NCV testing of the lower extremities (left and right) are all not medically necessary and would unlikely change the treatment plan.

NCV right lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The MTUS ACOEM Guidelines state that for lower back complaints, nerve testing may be considered when the neurological examination is less clear for symptoms that last more than 3-4 weeks with conservative therapy. In the case of this worker, the treating physician recorded subjective complaints of the worker as well as objective physical findings that were all suggestive of neurological compromise, and even gave him the diagnosis of radiculitis/neuritis afterwards. Therefore, the EMG/NCV testing of the lower extremities (left and right) are all not medically necessary and would unlikely change the treatment plan.

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