MAXIMUS Federal Services

Case Number:	CM14-0053822		
Date Assigned:	07/07/2014	Date of Injury:	10/14/2013
Decision Date:	09/03/2014	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	04/22/2014

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 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 46 year old male who reported an injury to his low back. The clinical note dated 11/05/13 indicates the injured worker complained of low back pain with radiating pain to the lower extremities. Upon exam, the injured worker was identified as having a positive Fabere's sign on the left. No strength deficits were identified in the left lower extremities at that time. The clinical note dated 01/31/14 indicates the injured worker stated the initial injury occurred when he was coming off a ladder while carrying 60 pounds of equipment and he missed a step resulting in a twisted low back. The injured worker reported 3-7/10 pain at that time. The note indicates the injured worker utilizing Norco for pain relief. X-rays of the lumbar region revealed severe facet hypertrophy on the left at L5-S1. The clinical note dated 03/13/14 indicates the injured worker having undergone an epidural injection which exacerbated the injured worker's pain level. Upon exam, the injured worker stated the pain was increased with lumbar extension. A diminished sensation was identified on the lateral aspect of the left foot. The injured worker was also identified as having a positive straight leg raise. The note indicates the injured worker having been identified as having S1 radiculopathy. The utilization review dated 03/24/14 resulted in a denial as the injured worker has already been diagnosed with a radiculopathy in the S1 distribution.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCV 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, Pain (updated 03/10/14) Electrodiagnostic testing (EMG/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 documentation indicates the injured worker complaining of sensation deficits in the left foot in the S1 distribution. Electrodiagnostic studies are indicated for injured workers in order to provide a diagnostic accuracy of the injured workers suspected radiculopathy given the injured worker has already been diagnosed with an S1 radiculopathy and taking into account the current clinical symptoms. Given the sensation deficits in the S1 distribution this request is not indicated as medically necessary.

EMG 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, Pain (updated 03/10/14) Electrodiagnostic testing (EMG/NCS).

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

Decision rationale: The documentation indicates the injured worker complaining of sensation deficits in the left foot in the S1 distribution. Electrodiagnostic studies are indicated for injured workers in order to provide a diagnostic accuracy of the injured workers suspected radiculopathy given the injured worker has already been diagnosed with an S1 radiculopathy and taking into account the current clinical symptoms. Given the sensation deficits in the S1 distribution this request is not indicated as medically necessary.

NCV left 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, Pain (updated 03/10/14) Electrodiagnostic testing (EMG/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 on the lower extremities is not medically necessary. The documentation indicates the injured worker complaining of sensation deficits in the left foot in the S1 distribution. Electrodiagnostic studies are indicated for injured workers in order to provide a diagnostic accuracy of the injured workers suspected radiculopathy given the injured worker has already been diagnosed with an S1 radiculopathy and taking into

account the current clinical symptoms. Given the sensation deficits in the S1 distribution this request is not indicated as medically necessary.

EMG right 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, Pain (updated 03/10/14) Electrodiagnostic testing (EMG/NCS).

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

Decision rationale: The request for electrodiagnostic studies on the lower extremities is not medically necessary. The documentation indicates the injured worker complaining of sensation deficits in the left foot in the S1 distribution. Electrodiagnostic studies are indicated for injured workers in order to provide a diagnostic accuracy of the injured workers suspected radiculopathy given the injured worker has already been diagnosed with an S1 radiculopathy and taking into account the current clinical symptoms. Given the sensation deficits in the S1 distribution this request is not indicated as medically necessary.