

Case Number:	CM14-0055970		
Date Assigned:	07/09/2014	Date of Injury:	01/14/2010
Decision Date:	10/07/2014	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	04/25/2014

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 Alabama. 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 39 year old male who was injured on 01/14/2010. The mechanism of injury is unknown. Prior treatment history has included 12 sessions of physical therapy which helped and 12 visits of chiropractic therapy. Progress report dated 12/30/2013 indicates the patient presented with complaints of ongoing low back pain and left leg symptoms rated as 7/10. He reported increased pain in the low back region. He reported the medications help with the pain. He was taking naproxen, Flexeril, and Norco and Prilosec. Objective findings on exam revealed tenderness to palpation of the lumbar spine with pain extending into the left greater than right paraspinal region. Range of motion of the lumbar spine revealed flexion is 30 degrees; extension is 10 degrees; right lateral bending is 10 degrees; and left lateral bending is 10 degrees. Straight leg raise causes pain on the left side at 40 degrees. The patient was recommended for bilateral EMG of the lower extremities. Prior utilization review dated 04/16/2014 states the request for Retro/EMG/NCS Bilateral Lower Extremities is denied as medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro/EMG/NCS Bilateral Lower Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic, Electromyography (EMG) & Nerve Conduction Studies (NCS)

Decision rationale: The above MTUS guidelines states "When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks." In this case, note from 12/30/13 reports "motor examination, the left quadriceps, hamstring, tibialis, EHL, inversion, and eversion are 4+/5. Left plantar flexion is 5-/5. The right tibialis, EHL, inversion, and eversion are 5-/5. The straight leg raise on the left side causes pain extending to the left knee at 40 (deg)... Diagnoses: 1. Lumbar radiculopathy 2. HNP at L5-S1 with left neural foraminal narrowing." There is no clear discrepancy in the neurologic examination, being that motor strength of 4+/5 and 5-/5 are very near in grade, and the use of (+) and (-) in motor strength exam is not defined rather subjective in documentation. Furthermore, the subtle discrepancy in motor examination may be caused by the left leg pain itself. In addition, there is no documented history of sensory examination to corroborate these subtle motor strength discrepancies. Therefore, based on the above guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.