

Case Number:	CM14-0059133		
Date Assigned:	07/09/2014	Date of Injury:	03/04/2014
Decision Date:	08/29/2014	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	04/29/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in California. 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 44-year-old male with a 3/4/14 date of injury. On 3/18/14, the patient noted that he was unable to bend, stoop, perform any lifting activities, and is unable to return to work. Clinically, there is diffuse tenderness in the right lower lumbar area, positive right SLR, absent ankle jerk on the right, and reduced sensation in L5 and S1 right lower extremity dermatomes. Diagnoses include right lumbar radiculopathy and ruling out disc herniation. No medications had been previously taken and tramadol was requested. In addition MRI and electrodiagnostic studies were requested. 6/9/14 follow-up note described 6/10 low back pain with left greater than right extremity symptoms, increased pain with sitting, as well as 7/10 cervical spine pain with right greater than left upper extremity pain. Clinically, there is tenderness in the lumbar spine with reduced range of motion secondary to pain. Strength assessment included 4+/5 strength bilaterally in the quadriceps, EHL, and eversion. SLR was positive bilaterally. Treatment plan discussed MRI, EMG, and medications. It was noted that it is concerning that the patient has progressive neurological deficits, left greater than right and the L4, L5, and S1 dermatomes. This remains disproportionate and MRI/EMG/NCV are requested objectify findings.

IMR ISSUES, DECISIONS AND RATIONALES

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

lower extremity neurodiagnostic studies: Overturned

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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter; ODG states that electrodiagnostic studies are recommended.

Decision rationale: Medical necessity for the requested electrodiagnostic studies is established. This request previously obtained an adverse determination as the patient had a recent injury, and there was little documented regarding conservative treatment rendered. The patient has been utilizing medication since that time and has not been working (activity modification), however there are significant pain complaints (6/10) in the low back with positive radicular findings. CA MTUS supports electrodiagnostic studies to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. As the patient remains symptomatic, and the requesting provider described progressive neurological deficits, the requested electrodiagnostic studies are medically reasonable and are substantiated.