

Case Number:	CM14-0062366		
Date Assigned:	07/11/2014	Date of Injury:	09/06/2011
Decision Date:	09/18/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/05/2014

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 and Pain Medicine, and is licensed to practice in Florida. 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 28-year-old male who reported an injury on 09/06/2011. The mechanism of injury was a motor vehicle accident. The diagnosis include sprain of ligaments of lumbar spine, rule out lumbar radiculopathy, sprain of unspecified site of left knee, rule out derangement. The previous treatments included physical therapy, chiropractic sessions, and medication. Diagnostic testing included x-rays. Within the clinical note dated 03/19/2014, it was reported the injured worker complained of low back pain. He described the pain as burning, radicular low back pain with muscle spasms. He rated his pain 10/10 in severity. The injured worker reported the pain was described as constant, moderate to severe. He complained of tingling and numbness of the bilateral lower extremities. The injured worker complained of knee pain which he described as burning. He rated his pains 5/10 to 6/10 in severity. He described the pain as constant, moderate to severe pain. Upon physical examination of the lumbar spine, the provider noted the injured worker had tenderness to palpation with spasms noted at the lumbar paraspinal muscles over the lumbosacral junction. The range of motion was flexion at 20 degrees and extension at 20 degrees. Upon examination of the left knee, the provider noted tenderness to palpation over the medial and lateral joint line and at the patellofemoral joint line. The range of motion was noted to be flexion at 120 degrees and extension at 0 degrees. The injured worker had a slightly decreased sensation of pinprick to light touch at the L4, L4, and S1 dermatomes bilaterally. The provider requested EMG/NCV studies of the right and left lower extremities. However, a rationale was not provided for clinical review. The request for authorization was not provided for clinical review.

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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back (updated 03/31/14) EMGs (electromyography).

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

Decision rationale: The California MTUS/ACOEM Guidelines note electromyography, including H-reflex test, may be useful to identify subtle, focal neurological dysfunction in patients with low back symptoms lasting more than 3 to 4 weeks. There is a lack of imaging studies to corroborate the diagnosis of radiculopathy. There is a lack of documentation indicating the injured worker tried and failed on conservative treatment. As such, the request is not medically necessary.

NCV Left Lower Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back (updated 03/31/14) Nerve conduction studies (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, Nerve Conduction Study.

Decision rationale: The Official Disability Guidelines do not recommend nerve conduction studies as there is minimal justification for performing nerve conduction when the patient is already presumed to have symptoms on the basis of radiculopathy. There is a lack of documentation indicating the injured worker had tried and failed on aggressive conservative therapy. Additionally, the guidelines do not recommend nerve conduction studies of the lower extremities. As such, the request is not medically necessary.

NCV Right Lower Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back (updated 03/31/14) Nerve conduction studies (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, Nerve Conduction Study.

Decision rationale: The Official Disability Guidelines do not recommend nerve conduction studies as there is minimal justification for performing nerve conduction when the patient is already presumed to have symptoms on the basis of radiculopathy. There is a lack of documentation indicating the injured worker had tried and failed on aggressive conservative therapy. Additionally, the guidelines do not recommend nerve conduction studies of the lower extremities. As such, the request is not medically necessary.

EMG Right Lower Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back (updated 03/31/14) EMGs (electromyography).

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

Decision rationale: The California MTUS/ACOEM Guidelines note electromyography, including H-reflex test, may be useful to identify subtle, focal neurological dysfunction in patients with low back symptoms lasting more than 3 to 4 weeks. There is a lack of imaging studies to corroborate the diagnosis of radiculopathy. There is a lack of documentation indicating the injured worker tried and failed on conservative treatment. As such, the request is not medically necessary.