

Case Number:	CM14-0065653		
Date Assigned:	07/11/2014	Date of Injury:	12/18/2013
Decision Date:	12/31/2014	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	05/08/2014

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:

This is a 25 year old male patient with an injury date of 12/18/2013 described as working on a ladder and carrying a metal beam on his left shoulder when he slipped. He was able to catch himself avoiding a fall but twisted his back and complained of back pain. The injured worker had physical examination on 12/20/2013 and was diagnosed with lumbosacral strain, radiography deferred, and an anti-inflammatory noted prescribed along with a narcotic for overnight pain control. In addition he was referred for therapy and may return to work on light duty. A follow up visit dated 02/14/2014 revealed negative radiographic findings and objective exam showed some tenderness in the mid lower back and flexion noted still limited. The plan of care noted a delay in therapy scheduling. The worker also is not able to return to light duty work as the employer could not accommodate the modification. A follow up visit date 03/03/2014 described the injured worker not having filled prescription for Naproxen at all to date. Therapy plan of care involved strengthening and range of motion. A visit dated 03/17/2014 reported he has gone to therapy and will be sent back to full work duties to assess his response. The injured workers' flexion noted improved reported one third the way between his knees and the ground. In addition, chiropractic requested 6 visit. A QME examination dated 03/25/2014 reported diagnoses of lumbosacral sprain strain injury, likely lumbosacral disc injury, clinical symptom of lumbosacral radiculopathy and myofascial pain syndrome. The QME also is requesting acupuncture sessions. The Utilization Review dated 04/28/2014 denied a request for services of an EMG of bilateral lower extremities as not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (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 (update 03/31/2014) Electromyography (EMG), Nerve Conduction Studies (NCS)

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, Electrodiagnostic studies

Decision rationale: MTUS reference to ACOEM guidelines identifies documentation of focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks, as criteria necessary to support the medical necessity of electrodiagnostic studies. ODG identifies documentation of evidence of radiculopathy after 1-month of conservative therapy, as criteria necessary to support the medical necessity of electrodiagnostic studies. In addition, ODG does not consistently support performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Within the medical information available for review, there is documentation of diagnoses of lumbosacral sprain/strain, likely lumbosacral disc injury, clinical symptoms of lumbosacral radiculopathy, and myofascial pain syndrome. In addition, there is documentation of failure of conservative treatment (medications). However, despite documentation of subjective (low back pain) and objective (decreased lumbosacral range of motion, tenderness over the back region, positive left straight leg raising test, and myofascial trigger points in the lumbosacral paraspinal musculature) findings, there is no documentation of focal neurologic dysfunction with low back symptoms lasting more than three to four weeks. In addition, given documentation of delayed physical therapy treatment (3/17/14) and denied request for acupuncture, there is no documentation of failure of additional conservative treatments (physical modalities). Therefore, based on guidelines and a review of the evidence, the request for Electromyography (EMG) - left lower extremity is not medically necessary.

Electromyography (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 (update 03/31/2014) Electromyography (EMG), Nerve Conduction Studies (NCS)

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, Electrodiagnostic studies

Decision rationale: MTUS reference to ACOEM guidelines identifies documentation of focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks, as criteria necessary to support the medical necessity of electrodiagnostic studies. ODG identifies documentation of evidence of radiculopathy after 1-month of conservative therapy, as criteria necessary to support the medical necessity of electrodiagnostic studies. In addition,

ODG does not consistently support performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Within the medical information available for review, there is documentation of diagnoses of lumbosacral sprain/strain, likely lumbosacral disc injury, clinical symptoms of lumbosacral radiculopathy, and myofascial pain syndrome. In addition, there is documentation of failure of conservative treatment (medications). However, despite documentation of subjective (low back pain) and objective (decreased lumbosacral range of motion, tenderness over the back region, positive left straight leg raising test, and myofascial trigger points in the lumbosacral paraspinal musculature) findings, there is no documentation of focal neurologic dysfunction with low back symptoms lasting more than three to four weeks. In addition, given documentation of delayed physical therapy treatment (3/17/14) and denied request for acupuncture, there is no documentation of failure of additional conservative treatments (physical modalities). Therefore, based on guidelines and a review of the evidence, the request for Electromyography (EMG) - right lower extremity is not medically necessary.