

Case Number:	CM14-0071746		
Date Assigned:	07/16/2014	Date of Injury:	05/24/2011
Decision Date:	08/28/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	05/19/2014

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 Medicine 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 48 year old male who had a work related injury on 05/24/11. There is no documentation of mechanism of injury. The most recent clinical document submitted is dated 05/01/14. The injured worker reports severe low back pain and bilateral leg pain involving the lateral calves. Objective findings note lumbosacral range of motion flexion 50%. No motor deficit in the legs, and he is able to stand on one leg. Knee and ankle reflexes were hyporeflexic bilaterally. Motor examination of the upper and lower extremities did not reveal focal deficits. Sensory examination of the upper and lower extremities revealed blunting to pin on left leg in the L4-5 and L5-S1 distributions. The injured worker has been treated since his injury with Medrol DosePak, Gabapentin, Tramadol, Naproxen, chiropractic and physical therapy. Electromyogram dated 12/03/12 was a normal study with no electrodiagnostic evidence of a right or left lower extremity radiculopathy, plexopathy or mononeuropathy. Magnetic resonance image dated 07/08/11 revealed degenerative disc disease at L5-S1 with moderate central disc protrusion measuring 5mm. No definite nerve root compression. Far right posterolateral L4-5 disc protrusion with foraminal stenosis and possible encroachment of the exiting L4 spinal nerve root. Diagnoses are lumbar disc disease, lumbar radicular signs and symptoms, thoracic disc disease, left hip pain, left shoulder pain, left arm pain and concussion. Prior utilization review on 05/07/14 was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyelography of Bilateral Lower Extremities/Lumbar: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back chapter.

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, Electrodiagnostic studies (EDS).

Decision rationale: The clinical documentation submitted for review, as well as current evidence based guidelines do not support the request. In review of the clinical records submitted there has been no change in the patient's physical examination, and the electromyography was normal with no electrodiagnostic evidence of a right or left lower extremity radiculopathy, plexopathy or mononeuropathy. As such, the request is not medically necessary.