

Case Number:	CM14-0075507		
Date Assigned:	07/18/2014	Date of Injury:	01/17/2014
Decision Date:	09/22/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	05/23/2014

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 Preventive Medicine 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:

According to the records made available for review, this is a 27-year-old male with a 1/17/14 date of injury. At the time (4/17/14) of request for authorization for electromyogram (EMG) right lower extremity, nerve conduction velocity (NCV) left lower extremity, NCV right lower extremity, and EMG left lower extremity there is documentation of subjective (low back pain radiating to the back of the legs with numbness, tingling, and weakness) and objective (tenderness to palpation over the lumbar paraspinal muscles with spasm, painful lumbar range of motion, positive Patrick's sign and Gaenslen's maneuver, and decreased sensation over the lateral lower legs) findings, imaging findings (MRI of the lumbar spine (2/18/14) report revealed mild foraminal exit zone narrowing at L4-5 and L5-S1), current diagnoses (low back pain, lower extremity paresthesias, lumbar disc bulging, lumbar discogenic pain, lumbar facet pain, sacroiliac joint pain, lumbar radiculopathy, myofascial pain, and chronic pain syndrome), and treatment to date (physical therapy, Ibuprofen, and activity modification). In addition, medical report identifies a request for Naproxen and Cyclobenzaprine to treat pain and muscle spasms.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG Right Lower Extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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. Within the medical information available for review, there is documentation of diagnoses of low back pain, lower extremity paresthesias, lumbar disc bulging, lumbar discogenic pain, lumbar facet pain, sacroiliac joint pain, lumbar radiculopathy, myofascial pain, and chronic pain syndrome. In addition, there is documentation of focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks and evidence of radiculopathy. However, despite documentation of conservative treatment (physical therapy, Ibuprofen, and activity modification), and given documentation of a request for Naproxen and Cyclobenzaprine to treat pain and muscle spasms, there is no (clear) documentation of failure of additional conservative therapy. Therefore, based on guidelines and a review of the evidence, the request for EMG right lower extremity is not medically necessary.

NCV Left Lower Extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 low back pain, lower extremity paresthesias, lumbar disc bulging, lumbar discogenic pain, lumbar facet pain, sacroiliac joint pain, lumbar radiculopathy, myofascial pain, and chronic pain syndrome. In addition, there is documentation of focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks and evidence of radiculopathy. However, despite documentation of conservative treatment (physical therapy, Ibuprofen, and activity modification), and given documentation of a request for Naproxen and Cyclobenzaprine to treat pain and muscle spasms, there is no (clear) documentation of failure of additional conservative therapy. Therefore, based on guidelines and a review of the evidence, the request for NCV left lower extremity is not medically necessary.

NCV Right Lower Extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 low back pain, lower extremity paresthesias, lumbar disc bulging, lumbar discogenic pain, lumbar facet pain, sacroiliac joint pain, lumbar radiculopathy, myofascial pain, and chronic pain syndrome. In addition, there is documentation of focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks and evidence of radiculopathy. However, despite documentation of conservative treatment (physical therapy, Ibuprofen, and activity modification), and given documentation of a request for Naproxen and Cyclobenzaprine to treat pain and muscle spasms, there is no (clear) documentation of failure of additional conservative therapy. Therefore, based on guidelines and a review of the evidence, the request for NCV right lower extremity is not medically necessary.

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modification), and given documentation of a request for Naproxen and Cyclobenzaprine to treat pain and muscle spasms, there is no (clear) documentation of failure of additional conservative therapy. Therefore, based on guidelines and a review of the evidence, the request for EMG left lower extremity is not medically necessary.