

Case Number:	CM14-0078342		
Date Assigned:	07/18/2014	Date of Injury:	06/15/2013
Decision Date:	10/31/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	05/28/2014

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 Occupational Medicine and is licensed to practice in Colorado. 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 22 year old male who sustained a work related injury on 9/14/13 from lifting and stacking bags. He has been treated initially with physical therapy and anti-inflammatories and released from care. On 5/1/14 PR-2 progress reports that the injured worker has continued low back pain, 4-5/10 constant with occasional radicular symptoms down left lower extremity with associated numbness and tingling. Examination notes tenderness to palpation at lumbar paraspinals with spasm, decreased range of motion on left lateral flexion with pain, lumbar pain with hyperextension and side bend to right. There are no neurological findings provided. His diagnosis is lumbar sprain/strain; rule out lumbar radiculopathy with electromyogram/nerve conduction study bilateral lower extremity. Electromyogram of left lower extremity was previously authorized but without documentation of results provided. The diagnosis is lumbar strain.

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: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: The medical notes reflect a diagnosis of a lumbar sprain. There are no findings provided that would be consistent with or suspicious of a nerve injury. The medical treatment guidelines note that electromyogram testing is supported with a suspected nerve condition/injury and this should be documented with clinical exams (in this case radicular findings of sensory or motor changes) which are not present in the records provided. Thus, the request does not meet the criteria of the guidelines as there are no findings to support EMG testing. Therefore, this request is not medically necessary.

NCV right lower extremity:

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: Based on a review of the documents, there are no clinical findings to support a nerve injury /condition. Nerve conduction studies (NCV) are not recommended by the MTUS medical treatment guidelines. Therefore, the requested NCV of the right lower extremity is not medically necessary.

NCV left lower extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: Based on a review of the documents there are no clinical findings to support a nerve injury/condition. Nerve conduction studies (NCV) are not recommended by the MTUS medical treatment guidelines. Therefore, the requested NCV of the left lower extremity is not medically necessary.