

Case Number:	CM14-0082086		
Date Assigned:	07/21/2014	Date of Injury:	03/21/2013
Decision Date:	09/23/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/03/2014

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 Internal 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:

The injured worker is a 29 year old male who sustained an injury to his low back on 03/21/13 while hanging sheetrock and fell off a bench. The clinical note dated 05/13/14 reported that the injured worker complained of low back pain at 7/10 on the visual analog scale that occasionally radiates into the internal thigh bilaterally, left greater than right with no associated numbness/tingling. MRI of the lumbar spine without contrast dated 04/24/14 reported that the injured worker had mild loss of disc height with disc desiccation and 3.5mm fairly broad based left paracentral protrusion at L4-5; no central canal stenosis; patent neuroforamina. Physical examination noted reflexes normal; gait normal; lumbar range of motion with bilateral flexion, lateral rotation 20-30 degrees each side, otherwise normal. The injured worker was diagnosed with a lumbosacral sprain/strain. He was recommended to continue with medications that included Naproxen, Topiramate, and Omeprazole. He was returned to work with restrictions.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCV LOWER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

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 chapter, Nerve conduction studies (NCS).

Decision rationale: The previous request was denied on the basis that there was no clear evidence presented of any neurological dysfunction per the physical examination findings which only note range of motion findings; therefore, the request was not deemed as medically appropriate. The Official Disability Guidelines state that NCS is not recommended for the lumbar spine. There is minimal justification for performing nerve conduction studies when an injured worker is presumed to have symptoms on the basis of radiculopathy. Current, evidence based studies demonstrated that neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy. In the management of spine trauma with radicular symptoms, EMG/NCS often have a low combined sensitivity and specificity in confirming root injury and there is limited evidence to support the use of often uncomfortable and costly EMG/NCS. Given this, the request for an EMG/NCV of the bilateral lower extremities is not medically necessary.

EMG LOWER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

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 chapter, EMGs (electromyography).

Decision rationale: The previous request was denied on the basis that there was no clear evidence presented of any neurological dysfunction per the physical examination findings which only note range of motion findings; therefore, the request was not deemed as medically appropriate. The Official Disability Guidelines state that NCS is not recommended for the lumbar spine. There is minimal justification for performing nerve conduction studies when an injured worker is presumed to have symptoms on the basis of radiculopathy. Current, evidence based studies demonstrated that neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy. In the management of spine trauma with radicular symptoms, EMG/NCS often have a low combined sensitivity and specificity in confirming root injury and there is limited evidence to support the use of often uncomfortable and costly EMG/NCS. Given this, the request for an EMG/NCV of the bilateral lower extremities is not medically necessary.