

Case Number:	CM13-0026433		
Date Assigned:	11/22/2013	Date of Injury:	05/09/2013
Decision Date:	02/12/2015	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	09/19/2013

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 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 was injured on 5/6/13 while pulling up a palet at work. Pain consultation on 8/12/13 the patient report 5-9/10 lumbar radicular pain with neurological findings on exam including decreased sensation and weakness. Lumbar MRI from 6/25/13 showed mild right L4-5 neural foramina narrowing with effacement of the thecal sac and right paracentral protrusion with annular tear. L5-S1 shows left neural foraminal narrowing with left paracentral protrusion. Report states that "findings can be associated with Left S1 radiculopathy. According to 1/15/14 clinic note he reports lumbar pain radiating to the posterolateral aspect of the left leg worse with walking. He has had previous physical therapy and chiropractic treat with no long term relief. He is taking "creams and patches and norco to deal with the pain". He has an antalgic gait, sacroiliac tenderness and positive straight leg raise with L5-S1 dermatomal findings. Clinic note from 3/5/14 states the patient has 8/10 radicular symptoms radiating to both legs. On physical exam he has positive right straight leg raise and abnormal sensation corresponding to the L1 dermatome. Diagnosis include lumbar myofascitis and radiculitis. Plan is to continue with Norco and Lidall patch, soma for muscle spasms, and L4-5 and L5-S1 lumbar epidural injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG 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 (ODG), www.odg-twc.com/odgtwc/Low Back.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Low Back Pain, Diagnostic Studies (EMG/NCS).

Decision rationale: The patient has clear evidence of lumbar radiculopathy as supported by report of neuropathic pain corresponding with objective findings on physical exam and lumbar MRI from 6/25/13 which support findings of lumbar radiculitis. The current diagnosis of lumbar radiculitis is confirmed from both subjective and objective findings and the patient is currently getting appropriate treatment for this diagnosis. Since the diagnosis is supported clinically and any change in treatment plan would be based in change in clinical condition, I do not believe that EMG/NCS of the lower extremity would significantly alter the diagnosis or treatment plan. Therefore the request 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 (ODG), www.odg-twc.com/odgtwc/Low Back.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Low Back Pain, Diagnostic Studies (EMG/NCS)

Decision rationale: The patient has clear evidence of lumbar radiculopathy as supported by report of neuropathic pain corresponding with objective findings on physical exam and lumbar MRI from 6/25/13 which support findings of lumbar radiculitis. The current diagnosis of lumbar radiculitis is confirmed from both subjective and objective findings and the patient is currently getting appropriate treatment for this diagnosis. Since the diagnosis is supported clinically and any change in treatment plan would be based in change in clinical condition, I do not believe that EMG/NCS of the lower extremity would significantly alter the diagnosis or treatment plan. Therefore the request is not medically necessary.