MAXIMUS Federal Services

Case Number:	CM13-0039120		
Date Assigned:	12/18/2013	Date of Injury:	05/26/2009
Decision Date:	05/01/2015	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	10/03/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, Arizona
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 45-year-old female who reported an injury on 05/26/2009. The mechanism of injury involved a fall. The current diagnoses include lumbar radiculopathy, chronic mid and low back pain, left knee arthralgia, and neck pain. The injured worker presented on 08/12/2013 with complaints of persistent pain over multiple areas of the body. The injured worker has been treated with medication and 24 sessions of physical therapy. The injured worker has not completed a course of chiropractic care or acupuncture. The injured worker noted left lower extremity numbness, tingling and pain to the foot as well as left knee pain and bilateral upper extremity numbness and tingling extending into the hands. The injured worker was utilizing tramadol 1 to 2 tablets per day. Upon physical examination, there was an antalgic gait, tenderness to palpation over the cervical and lumbar spine, decreased cervical range of motion, decreased thoracic and lumbar range of motion, decreased sensation in the C5-8 dermatomes, decreased sensation in the L4-S1 dermatomes on the left, 4+/5 motor weakness in the bilateral lower extremities, hyporeflexic bilateral upper and lower extremity deep tendon reflexes, and positive straight leg raise on the left at 50 degrees. X-rays of the lumbar spine revealed mild disc space narrowing at L5-S1. Recommendations at that time included a prescription for hydrocodone 5/325 mg and a compounded cream, as well as electrodiagnostic studies, a course of acupuncture, and several consultations. A Request for Authorization form was then submitted on 08/12/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG BILATERAL LOWER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: The California MTUS Guidelines state electromyography, including H reflex tests may be help identify subtle, focal neurologic symptoms in patients with low back pain lasting more than 3 or 4 weeks. In this case, there is evidence of motor and sensory deficit with regard to the left lower extremity as well as a positive straight leg raise. However, it is also noted that the injured worker completed bilateral lower extremity electro diagnostic studies on 03/27/2012, which revealed evidence of irritability in the left tibialis anterior muscle innervated by the L4-5 nerve root. The injured worker also underwent an MRI of the lumbar spine in 10/2011 which also revealed moderate foraminal narrowing secondary to disc bulging at L4-S1. The medical necessity for additional diagnostic testing has not been established in this case. The injured worker has objective evidence of left lower extremity radicular symptoms. The medical necessity for electro diagnostic studies involving the bilateral lower extremities has not been established. There is no evidence of a progression or worsening of symptoms or examination findings to support the necessity for a repeat electro diagnostic study. Given the above, the request is not medically appropriate at this time.

NCS OF THE BILATERAL LOWER EXTREMITIES: Upheld

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findings to support the necessity for a repeat electro diagnostic study. Given the above, the request is not medically appropriate at this time.