

Case Number:	CM14-0189946		
Date Assigned:	11/21/2014	Date of Injury:	02/17/2012
Decision Date:	01/08/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/13/2014

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 Physical Medicine & Rehabilitation, 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:

This 50 year-old patient sustained a low back injury on 2/17/12 from tripping on an open drawer while employed by [REDACTED]. Request(s) under consideration include EMG/NCS of the bilateral lower extremities. Diagnoses include Rule out lumbar pathology; Right lower extremity CRPS now resolving; Associated left cervical regional myofascial pain; Post-concussive injury. Conservative care has included medications, physical therapy, TENS unit, lumbar sympathetic block on 5/12/14, and modified activities/rest. Medications list Norco, Lyrica, Lidoderm patches, Naproxen, Advair, and Meloxicam. Report of 9/17/14 from the provider noted the patient with chronic ongoing low back pain rated at 10/10. Exam showed normal gait; intact unrestricted lumbar range of motion; tenderness over right trapezius and right SI; negative SLR at 90 degrees; positive Faber, thigh thrust; hips and knees full range; diffuse 4/5 motor strength throughout right lower extremity muscles and 5/5 on left lower extremity; DTRs 2+ symmetrical; and intact sensation throughout all dermatomes. Treatment noted continued medications, MRI of lumbar spine. The request(s) for EMG/NCS of the bilateral lower extremities was non-certified on 10/31/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCS of the bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 62.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 309.

Decision rationale: This 50 year-old patient sustained a low back injury on 2/17/12 from tripping on an open drawer while employed by [REDACTED]. Request(s) under consideration include EMG/NCS of the bilateral lower extremities. Diagnoses include Rule out lumbar pathology; Right lower extremity CRPS now resolving; Associated left cervical regional myofascial pain; Post-concussive injury. Conservative care has included medications, physical therapy, TENS unit, lumbar sympathetic block on 5/12/14, and modified activities/rest. Medications list Norco, Lyrica, Lidoderm patches, Naproxen, Advair, and Meloxicam. Report of 9/17/14 from the provider noted the patient with chronic ongoing low back pain rated at 10/10. Exam showed normal gait; intact unrestricted lumbar range of motion; tenderness over right trapezius and right SI; negative SLR at 90 degrees; positive Faber, thigh thrust; hips and knees full range; diffuse 4/5 motor strength throughout right lower extremity muscles and 5/5 on left lower extremity; DTRs 2+ symmetrical; and intact sensation throughout all dermatomes. Treatment noted continued medications, MRI of lumbar spine. The request(s) for EMG/NCS of the bilateral lower extremities was non-certified on 10/31/14. There is no report of new injury or acute flare-up with changed clinical findings to support for the diagnostic study. There was no correlating neurological deficits defined or conclusive imaging identifying possible neurological compromise. There was no MRI of the lumbar spine identifying disc herniation, canal or neural foraminal stenosis demonstrated. The patient also had previous lumbar sympathetic block for resolving CRPS of right lower extremity. Per MTUS Guidelines, without specific symptoms or neurological compromise consistent with radiculopathy, foraminal or spinal stenosis, and entrapment neuropathy, medical necessity for EMG and NCV has not been established. Submitted reports have not demonstrated any symptoms or clinical findings to suggest any lumbar radiculopathy or entrapment syndrome. The EMG/NCS of the bilateral lower extremities is not medically necessary and appropriate.