

Case Number:	CM14-0190948		
Date Assigned:	11/24/2014	Date of Injury:	07/02/2013
Decision Date:	01/16/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	11/17/2014

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, has a subspecialty in Hospice & Palliative Medicine and is licensed to practice in Pennsylvania. 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 is a 29-year-old male who sustained a work related injury on 07/02/2013. The mechanism of injury is not described. A treating physician note dated 10/17/2014 indicated the worker was experiencing lower and mid-back pain that went into the right leg. Documented examinations described a thoracic trigger point, tenderness with spasm in the lower back muscles, positive Kemp's testing involving both sides, positive bragard's sign on the right, positive yeoman's sign involving both sides, and a decreased right ankle reflex. The submitted and reviewed documentation concluded the worker was suffering from lumbar disc displacement, sciatica, and thoracic disc displacement. Magnetic resonance imaging (MRI) of the lumbar spine dated 9/2/2014 described a 4mm disc protrusion resulting in abutment of the L5 descending nerve roots and a posterior annular tear. Treatment recommendations included home exercises, referral to a pain management specialist, electromyography (EMG) and nerve conduction velocity (NCV) testing, and epidural steroid injections. A Utilization Review decision was rendered on 11/05/2014 recommending non-certification for EMG and NCV testing of the right lower extremity and modified certification for a follow-up visit for re-evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCV/EMG right lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 287-326 165-188 261.

Decision rationale: The MTUS Guidelines support electromyography (EMG) of the legs when the worker is experiencing lower back pain and subtle, focal neurologic issues lasting longer than a month. This testing is recommended to clarify nerve root dysfunction, especially when a bulging lower back disk is suspected. This testing is not recommended for clinically obvious radiculopathy. The MTUS Guidelines recommend the use of nerve conduction velocity (NCV) testing to identify subtle focal neurologic dysfunction in those with neck and/or arm symptoms and to help separate carpal tunnel syndrome from other conditions, such as cervical radiculopathy. The submitted and reviewed documentation indicated the worker was experiencing lower and mid-back pain that went into the right leg. There were no subtle findings suspicious for neck or arm involvement. There was no discussion detailing extenuating circumstances that sufficiently supported the request for these tests. In the absence of such evidence, the current request for electromyography (EMG) and nerve conduction velocity (NCV) testing of the right leg is not medically necessary.

Follow-up visit with range of motion measurement/addressing adl's: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Outcomes and Endpoints Page(s): 8.

Decision rationale: The MTUS Guidelines generally encourage follow up care when needed to maximize the worker's function. Assessing the worker's pain and other symptoms, determining the worker's functional abilities, evaluating physical findings, and measuring joint ranges of motion are some components of a routine evaluation. The submitted and reviewed documentation indicated the worker was experiencing on-going lower and mid-back pain that went into the right leg. For these reasons, the current request for follow up care, which would include measuring joint ranges of motion and assessing activities of daily living, is medically necessary.