

Case Number:	CM14-0198346		
Date Assigned:	12/08/2014	Date of Injury:	08/01/2013
Decision Date:	01/23/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	11/25/2014

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 Emergency Medicine and is licensed to practice in Texas. 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 patient is a 51 year old housekeeper with a date of injury of 08/01/2013, who slipped on wet floor (from a leaking ice machine) and fell onto her buttocks with immediate pain in the lower back and coccyx area. The patient was placed on modified work and then terminated. The patient now takes care of her disabled daughter about 20 hours a week. An MRI 11/26/2013 showed multilevel degenerative disc disease, more significant on the right at L5-S1 and on the left at L3-4 and L4-5. The patient has been treated with 3 lumbar epidural injections which provided no lasting improvement. The patient has complaints of always present pain in the lower back, radiating to the left buttock and leg to the mid-calf. She has burning and weakness in the left leg and 4 toes of the left foot feel very hot. Activities of daily living are done slowly; she can lift and carry light objects and walk short distances only. She can stand for 30 minutes at a time and cannot kneel, bend or squat. Sleep is disturbed by pain which is rated 9 of 10 most times. Medications include Naproxen, Cyclobenzaprine, Omeprazole, Trazodone and Tramadol. Treatment included physical therapy, lumbar support, medication, trigger point injection to left sciatic notch and home exercises. The patient has been diagnosed with lumbosacral strain superimposed on degenerative disc disease with radicular pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCS of Bilateral Lower Extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, online version, Low Back, Electrodiagnostic studies

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, EMGs (electromyography) and Nerve conduction studies (NCS)

Decision rationale: The California MTUS/ACOEM Guidelines state electromyography may be useful to identify supple, focal neurological dysfunction in patients with low back symptoms lasting more than 3 to 4 weeks. More specifically, the Official Disability Guidelines recommend it as an option to be useful to obtain unequivocal evidence of radiculopathy, after 1 month conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious; and nerve conduction studies are not recommended, as there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms of basis of radiculopathy. The clinical documentation provided does indicate that the patient has evidence of radiculopathy. Additionally, the documentation does not indicate that the patient has tried conservative treatment. Therefore, the request is not supported by the guidelines. As such, the request for EMG/NCS of bilateral lower extremities is not medically necessary.