MAXIMUS Federal Services

Case Number:	CM14-0203135		
Date Assigned:	12/16/2014	Date of Injury:	08/20/2013
Decision Date:	02/04/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/04/2014

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 Family Practice and is licensed to practice in New Jersey. 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 worker is a 60 year old male who was injured on 8/19/2013 while lifting a tarp. He was diagnosed with lumbosacral/thoracic neuritis/radiculitis, sacroiliac sprain/strain, and myofascial pain. He was treated with physical therapy, acupuncture, chiropractor treatments, and medications. He was seen by a surgeon after lumbar MRI was completed (11/2013: bilateral neuroforaminal narrowing of L3-4, L4-5, and L5-S1 without any obvious nerve or spinal cord compression) and was not suggested any surgery. He returned to work with some lifting restrictions. On 11/12/14, he was seen by his treating physician, reporting constant pain in the low back, worsened with activity. He also complained of left hip pain that radiates down the inside of his thigh to his knee with hip "clicks". He complained of left knee pain with intermittent swelling, and also reported numbness of the left thigh. Physical findings included antalgic gait, tenderness to the lumbar spine and sacrum, tenderness to the left lumbar paraspinal muscles, tenderness to the left sacroiliac joint, decreased sensation to light touch of the L3-5 on the left, slight weakness with resisted left hip flexion, left knee flexion/extension, and left great toe dorsiflexion, positive straight leg raise on left, absent patellar reflex on left, left hip pain with internal and external rotation, but with no decrease in range of motion, and left knee tenderness along medial joint line. He was then recommended to have an EMG of the bilateral lower extremities due to "obvious cause for his radicular symptoms," left knee support sleeve, gabapentin, x-ray of the left hip and knee (after diagnosing him with osteoarthritis of the left knee and hip), and TENS unit.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) EMGs

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

Decision rationale: The MTUS ACOEM Guidelines state that for lower back complaints, nerve testing may be considered when the neurological examination is less clear for symptoms that last more than 3-4 weeks with conservative therapy. In the case of this worker, the provider considered the cause of his symptoms "obvious" and based on his signs and symptoms from the examination on 11/12/14. There were some clear signs of lumbar radiculopathy found on physical examination as well as signs of hip and knee osteoarthritis. There was no indication from the documentation that the worker's symptoms had worsened or changed since his last MRI was performed one year prior, and without the provider being able to review the previous records, which were not available to them at the time, this could not be confirmed. Regardless, however, due to the signs and symptoms clear enough to confirm radiculopathy and it also being the opinion of the provider, nerve testing is not likely to aid in the treatment of this worker and is medically unnecessary.