

Case Number:	CM14-0204881		
Date Assigned:	12/17/2014	Date of Injury:	03/02/2011
Decision Date:	02/04/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	12/08/2014

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 and is licensed to practice in New York. 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 62 year old male with a date of injury of 03/02/2011. He had back pain from continuous trauma. On 05/25/2012 he had a lumbar MRI that revealed 5 mm disc bulge at L4-L5 and L5-S1. A prior EMG/NCS was normal. On 07/05/2012 he had received an epidural steroid injection for a right L5 radiculopathy that had improved after the injection. On 05/20/2014 he had missed his previous appointment and ran out of medication. The back pain was 9/10. Straight leg raising was negative. There was bilateral extensor hallicis longus weakness. The gait was steady. There was tenderness to palpation of the lumbar paraspinal area. On 08/18/2014 the lumbar pain was 4/10 -7/10. He had the same findings as on 05/20/2014. On 10/15/2014 he had low back pain but there was no new neurologic deficit. He remained on Lyrica, Noroc, Provigil, Celebrex and Ambien. Percocet was discontinued.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG of the bilateral extremities for the low back: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, Chronic Pain Treatment Guidelines Page(s): 46.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-316.

Decision rationale: MTUS, ACOEM, Chapter 12 page 303 notes: "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging inpatients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computer tomography [CT] for bony structures). Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. Diskography is not recommended for assessing patients with acute low back symptoms. Low Back Complaints 303 The injury was on 03/02/2011. There are no red flag signs. There is no indication that he has consented for possible surgery or even considered surgery. He appears to be stable with no new neurologic findings. He does not meet criteria for the requested bilateral lower extremity EMG study.