

Case Number:	CM14-0088985		
Date Assigned:	07/23/2014	Date of Injury:	05/04/2012
Decision Date:	01/26/2015	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	06/13/2014

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 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 48 year old female who was injured on 5/4/2010 after slipping and falling, twisting her ankle and landing on her knee. She was diagnosed with shoulder arthritis/impingement syndrome, bilateral knee strain, right elbow strain, depression, lumbar discogenic pain, and lumbar radiculopathy. She was treated with medications, surgery (shoulder), chiropractic treatments, physical therapy, and a functional restoration program, but she continued to experience chronic pain in her back albeit somewhat improved. An orthopedist recommended an MRI of the lumbar spine and EMG/NCV testing of the lower extremities on 2/18/2014 (no progress note submitted). She was recommended to follow through with lumbar surgery by her spinal surgeon and was also recommended and completed an MRI of the lumbar spine (4/15/14) which showed no significant stenosis or neural impingement at any lumbar level, however, did show minimal annulus fissure at L4-L5. On 4/18/2014, the worker was seen for a follow-up with her spinal surgeon to discuss the results of the MRI. She complained of low back pain rated 6/10 on the pain scale, which was primarily axial, but with minimal radiation to her legs. Physical findings included BMI 35.7, guarded gait, hypolordosis, no stability, normal motor strength, mild sensory deficits (not detailed) in lower extremities, and normal reflexes. She was then recommended lumbar spinal fusion with associated post-surgical follow-up. Later, on 5/6/14, the orthopedist who recommended the MRI and EMG/NCV testing submitted a request for these same tests again (again no progress note or explanation surrounding this request).

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG of the bilateral lower extremities: Upheld

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

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. The worker, in this case was recommended both MRI and EMG/NCV testing back months before completing the MRI, and later the EMG/NCV testing was requested for the lower extremities by her orthopedic physician. There was no available documentation (progress notes) by the requesting physician's encounter with the worker to show the physical examination on which this request is based. Also, after MRI testing suggested essentially normal results, nerve testing becomes less necessary. Without further clarification as to why this testing might be warranted, it will be considered medically unnecessary based on the evidence provided for review.

NCV bilateral lower extremities: Upheld

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

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. The worker, in this case was recommended both MRI and EMG/NCV testing back months before completing the MRI, and later the EMG/NCV testing was requested for the lower extremities by her orthopedic physician. There was no available documentation (progress notes) by the requesting physician's encounter with the worker to show the physical examination on which this request is based. Also, after MRI testing suggested essentially normal results, nerve testing becomes less necessary. Without further clarification as to why this testing might be warranted, it will be considered medically unnecessary based on the evidence provided for review.