

Case Number:	CM14-0091602		
Date Assigned:	07/25/2014	Date of Injury:	06/16/2011
Decision Date:	02/13/2015	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	06/16/2014

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 45 year old female who was injured on 6/16/2011. She was diagnosed with lumbar sprain/strain, lumbago, lumbar disc disease, lumbar spine radiculopathy, and thoracic/lumbosacral neuritis/radiculitis. She was treated with medications, surgery (lumbar fusion), and physical therapy. On 4/21/14, the worker was seen by her treating physician reporting occasional low back pain and significant relief following her surgery (9/17/13) on her back, but had remained off work at the time. She denied any new injuries or changes to her medications (Xanax, Norco, and Gabapentin). Physical findings revealed balanced gait with ability to walk on toes and heels without difficulty, no lumbar spasm or tenderness, moderate PSIS tenderness, normal sensation/reflexes/motor strength to bilateral lower extremities. The worker was then requested to have electrodiagnostic studies of the lower extremities as well as a functional capacity evaluation.

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: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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 at the time of this request, the physical findings showed no evidence of any radiculopathy and there was no mention of any subjective complaints which might have suggested lumbar radiculopathy either. Therefore, according to the evidence found in the documents provided for review, there seems to be no indication for EMG or NCV testing for the lower extremities; therefore, they are considered not medically unnecessary.

NCV Bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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 at the time of this request, the physical findings showed no evidence of any radiculopathy and there was no mention of any subjective complaints which might have suggested lumbar radiculopathy either. Therefore, according to the evidence found in the documents provided for review, there seems to be no indication for EMG or NCV testing for the lower extremities; therefore, they are considered not medically unnecessary.