

Case Number:	CM15-0002841		
Date Assigned:	01/13/2015	Date of Injury:	10/01/2013
Decision Date:	03/16/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	01/06/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 22 year old male with an injury date of 10/01/13. Based on the 07/08/14 progress report provided by treating physician, the patient complains of low back pain with no radiculopathy or paresthesias. Physical examination to the lumbar spine on 07/08/14 revealed tenderness to palpation to bilateral paravertebral muscles. Range of motion was diminished secondary to pain. Patient has completed 6 sessions of physical therapy with mild improvement. Per 07/08/14 progress report, patient's medications include Naproxen, Acetaminophen, Metaxalone and Prilosec. Patient's work status is modified work. NCS Bilateral Lower Extremities 12/09/14- Sensory: Normal study of sensory nerve action potential of bilateral sural, bilateral superficial peroneal and bilateral medial plantar sensory nerves. - Motor: Normal study of compound motor action potential of bilateral common peroneal, bilateral tibial, bilateral medial plantar and bilateral lateral plantar motor nerves. EMG Bilateral Lower Extremities 12/09/14, Normal nerve conduction of the bilateral lower extremities. Abnormal electromyography. The above findings are suggestive of bilateral chronic nerve active L5 and S1 radiculopathy. Lumbar Spine MRI 10/31/14- L5-S1: Annular tear with small left paracentral disc protrusion having an AP diameter approximately 3 mm. This narrows the left lateral recess and may impinge upon the left S1 root. No foraminal stenosis. Diagnosis 11/07/14- Lumbar strain- Lumbar radiculopathy. The utilization review determination being challenged is dated 12/19/14. The rationale follows: 1) "... the claimant should be afforded a brief course of treatment prior to performing any diagnostic testing..." 2) "... prior to sending the claimant out for a second

opinion, the claimant should complete his initial course of chiropractic treatment..." Treatment reports were provided from 07/08/14 - 11/17/14.

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: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298 - 299.

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

Decision rationale: The patient presents with low back pain with no radiculopathy or paresthasias. The request is for EMG OF THE BILATERAL LOWER EXTREMITIES. Physical examination to the lumbar spine on 07/08/14 revealed tenderness to palpation to bilateral paravertebral muscles. Patient's diagnosis include lumbar sprain and lumbar radiculopathy. Patient's work status is modified duty. For EMG, ACOEM Guidelines page 303 states "Electromyography, including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks." Patient has had one EMG of the bilateral lower extremities on 10/31/14 for which the findings were suggestive of bilateral chronic nerve active L5 and S1 radiculopathy. The patient continues with low back pain. ACOEM supports this testing for patients presenting with low back pain. The request is reasonable. Therefore, the request IS medically necessary.

Consultation for pain management: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch:7

Decision rationale: The patient presents with low back pain with no radiculopathy or paresthasias. The request is for CONSULTATION FOR PAIN MANAGEMENT. Physical examination to the lumbar spine on 07/08/14 revealed tenderness to palpation to bilateral paravertebral muscles. Patients diagnosis include lumbar sprain and lumbar radiculopathy. Patient's work status is modified work. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7, page 127 "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. An independent medical assessment also may be useful in avoiding potential conflict(s) of interest when analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification. The patient continues with low back pain. The UR letter states, "... prior to sending the claimant out for a second

opinion, the claimant should complete his initial course of chiropractic treatment..." However, the request is supported by the ACOEM guidelines for specialty referral. The request IS medically necessary