

Case Number:	CM15-0102073		
Date Assigned:	06/04/2015	Date of Injury:	02/01/2014
Decision Date:	07/03/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	05/27/2015

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: Emergency Medicine

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 injured worker was a 37-year-old male, who sustained an industrial injury, February 1, 2014. The injured worker previously received the following treatments Gabapentin, Norco and lumbar spine MRI on September 8, 2014. The injured worker was diagnosed with KL4-L5 disc protrusion with right lateral recess L5-S1 disc protrusion, mid dorsal sprain/strain with residual myofascial; pain, lumbar spine strain/sprain with residual myofascial pain. According to progress note of May 1, 2015, the injured workers chief complaint was low back pain 3-4 out of 10 on the pain scale. The injured worker's symptoms were getting worse. The injured worker had run out of Soma and noticed an increase in symptoms. The Gabapentin was also decreased from 6 pills of 2 pills a day. The injured worker noticed an increase in pain. The physical exam noted lumbar spine flex was 85 degrees; lateral flexion was 40 degrees to the left and right. The straight leg raises were positive at 85 degrees. There was mild tenderness at the lumbar paraspinals and S1 joints. The injured worker walked with a normal gait normal toe and heel motor strength. The treatment plan included EMG/NCS (electrodiagnostic studies and nerve conduction studies) of the bilateral lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG Left lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back chapter - Electromyography.

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

Decision rationale: The requested EMG Left lower extremity is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 12, Low Back Complaints, page 303, Special Studies and Diagnostic and Treatment Considerations, note "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients 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."The injured worker has lower back pain. The treating physician has documented lumbar spine flex was 85 degrees; lateral flexion was 40 degrees to the left and right. The straight leg raises were positive at 85 degrees. There was mild tenderness at the lumbar paraspinals and S1 joints. The injured worker walked with a normal gait normal toe and heel motor strength. The treating physician has not documented physical exam findings indicative of nerve compromise such as or deficits in dermatomal sensation, reflexes or muscle strength. The criteria noted above not having been met, EMG Left lower extremity is not medically necessary.

NCV left lower extremity: 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), Low back chapter - Nerve conduction studies (NCS).

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

Decision rationale: The requested NCV left lower extremity is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 12, Low Back Complaints, page 303, Special Studies and Diagnostic and Treatment Considerations, note "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients 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."The injured worker has lower back pain. The treating physician has documented lumbar spine flex was 85 degrees; lateral flexion was 40 degrees to the left and right. The straight leg raises were positive at 85 degrees. There was mild tenderness at the lumbar paraspinals and S1 joints. The injured worker walked with a normal gait normal toe and heel motor strength. The treating physician has not documented physical exam findings indicative of nerve compromise such as or deficits in dermatomal sensation, reflexes or muscle strength. The criteria noted above not having been met, NCV left lower extremity is not medically necessary.

NCV Right lower extremity: 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), Low back chapter - Nerve conduction studies (NCS).

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

Decision rationale: The requested NCV Right lower extremity is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 12, Low Back Complaints, page 303, Special Studies and Diagnostic and Treatment Considerations, note "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients 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."The injured worker has lower back pain. The treating physician has documented lumbar spine flex was 85 degrees; lateral flexion was 40 degrees to the left and right. The straight leg raises were positive at 85 degrees. There was mild tenderness at the lumbar paraspinals and S1 joints. The injured worker walked with a normal gait normal toe and heel motor strength. The treating physician has not documented physical exam findings indicative of nerve compromise such as or deficits in dermatomal sensation, reflexes or muscle strength. The criteria noted above not having been met, NCV Right lower extremity is not medically necessary.

EMG Right lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back chapter - Electromyography.

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

Decision rationale: The requested EMG Right lower extremity is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 12, Low Back Complaints, page 303, Special Studies and Diagnostic and Treatment Considerations, note "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients 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."The injured worker has lower back pain. The treating physician has documented lumbar spine flex was 85 degrees; lateral flexion was 40 degrees to the left and right. The straight leg raises were positive at 85 degrees. There was mild tenderness at the lumbar paraspinals and S1 joints. The injured worker walked with a normal gait normal toe and heel motor strength. The treating physician has not documented physical exam findings indicative of nerve compromise such as deficits in dermatomal sensation, reflexes or muscle strength. The request for EMG Right lower extremity is not medically necessary.