

Case Number:	CM15-0142336		
Date Assigned:	08/03/2015	Date of Injury:	01/07/2013
Decision Date:	08/31/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/22/2015

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: Texas, Florida, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 28 year old female, who sustained an industrial injury, January 7, 2013. The injury was working on a coin shipment when the injured worker felt a pop in the back. The injured worker reported being in an automobile accident on December 29, 2014. The injured worker previously received the following treatments Flexeril, Ultram, Gabapentin, Nabumetone, Robaxin, and Norco for pain, Zanaflex for spasms, steroid injections, acupuncture, physical therapy and medications. The injured worker was diagnosed with lumbar degenerative disc disease, lumbar radiculopathy and lumbar sprain. According to progress note of April 1, 2015, the injured worker's chief complaint was low back pain radiating down to the lower extremity. The injured worker rated the pain at 7 out of 10 without medications and 6 out of 10 with medications. The injured worker had painful range of motion, but within normal limits. The physical exam noted tenderness on palpation of the lumbosacral spine and paraspinal muscles L3-S1 with stiffness and spasms. The neurological examination reveals radicular pain at L5-S1 radiculopathy on the right side. The injured worker ambulated favoring the right lower extremity. The treatment plan included EMG and NCS (electrodiagnostic studies and nerve conduction studies) of the right lower extremity lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCV lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004). Chapter 12, page 303.

Decision rationale: This claimant was injured in 2013, and then had an apparent motor vehicle accident in December 2014. The diagnoses were lumbar degenerative disc disease, lumbar radiculopathy and lumbar sprain. According to progress note of April 1, 2015, the injured worker's chief complaint was low back pain radiating down to the lower extremity. The physical exam noted tenderness on palpation of the lumbosacral spine and paraspinal muscles L3-S1 with stiffness and spasms. The neurological examination confirmed radicular pain at L5-S1 radiculopathy on the right side. The MTUS ACOEM notes that electrodiagnostic studies may be used when the neurologic examination is unclear, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. In this case, the neurologic exam as reported was very clear, with definitive radiculopathy. The role for more advanced testing therefore is not established. The request was appropriately non-certified.

EMG lumbar spine: 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): American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004). Chapter 12, page 303.

Decision rationale: As shared previously, this claimant was injured in 2013, and then had an apparent motor vehicle accident in December 2014. The diagnoses were lumbar degenerative disc disease, lumbar radiculopathy and lumbar sprain. According to progress note of April 1, 2015, the injured worker's chief complaint was low back pain radiating down to the lower extremity. The physical exam noted tenderness on palpation of the lumbosacral spine and paraspinal muscles L3-S1 with stiffness and spasms. The neurological examination confirmed radicular pain at L5-S1 radiculopathy on the right side. As reviewed in the accompanying case, the MTUS ACOEM notes that electrodiagnostic studies may be used when the neurologic examination is unclear, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Again, in this case, the neurologic exam as reported was very clear, with definitive radiculopathy. Moreover, NCV alone is superior for documenting radiculopathy, not EMG. For these reasons, the request was appropriately non-certified.