

Case Number:	CM15-0193849		
Date Assigned:	10/07/2015	Date of Injury:	08/30/2010
Decision Date:	11/16/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	10/01/2015

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 injured worker is a 45 year old male who sustained an industrial injury on 08-30-2010. Medical records (02-25-2015 to 09-11-2015) indicated the worker was treated for intermittent low back pain rated a 2-3 on a scale of 0-10 that frequently radiates to the left hamstring and buttock. The pain intensifies to a 3-5 on a scale of 1-10 at the end of the workday. Bending to floor level and lifting weights over 30 lbs. to waist level repetitively intensifies the pain to a level 4-6 on a scale of 0-10. MRI (08-26-2011) shows disc desiccation at L4-L5, mild narrowing at the central canal at L4-L5, and mild foraminal narrowing at L5-S1 with facet arthropathy present at L4-L5. On examination 07-15-2015, the worker has loss of range of motion in all planes of the lumbar spine. Testing Range of Motion intensifies pain to a 5-6 in the buttock. Lower extremity strength testing of the tibialis anterior and extensor hallucis longus is 4-5 on the left and 5-5 on the right. Dermatomal sensitivity and deep tendon reflexes are normal and equal in the bilateral lower extremities. He follows a home stretch program on daily basis. Rest does not help to alleviate his pain. According to provider notes in orthopedic evaluation 09-11-2015, his exam showed decreased lumbar range of motion in all planes. Straight leg raise was negative bilaterally; hamstrings are tight more on the left than on the right; dorsiflexion was 15 degrees bilaterally; plantar flexion was 40 degrees bilaterally. Sensation was intact throughout the bilateral lower extremities and the worker had deep tendon reflexes that were 2+ and symmetric bilaterally at patellar and ankles jerk. The worker has had chiropractic care but no physical therapy, no work restrictions, no surgery, and no assistive devices were ordered. The worker is currently working full time regular duties. The treatment plan (09-11-2015) includes

request for physical therapy, a repeat MRI, an Electromyogram-Nerve conduction velocity studies to evaluate for radiculopathy, a transcutaneous electrical nerve stimulation (TENS) unit (new order), and medications including Tramadol, Naproxen, AcipHex, gabapentin, and Trazodone. A request for authorization was submitted for EMG/NCV BLE. A utilization review decision 09- 18-2015 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV BLE: 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), Back.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

Decision rationale: There were no neurological deficits defined nor conclusive imaging identifying possible neurological compromise. Per MTUS Guidelines, without specific symptoms or neurological compromise consistent with radiculopathy, foraminal or spinal stenosis, entrapment syndrome, medical necessity for EMG and NCV have not been established. Submitted reports have not demonstrated any symptoms with pain to buttocks or clinical findings with negative SLR and intact sensory and DTRs to suggest any lumbar radiculopathy or entrapment syndrome. Submitted reports have not demonstrated any correlating symptoms and clinical findings to suggest any lumbar radiculopathy or entrapment syndrome only with continued chronic pain with tenderness without specific consistent myotomal or dermatomal correlation to support for these electrodiagnostic studies for chronic 2010 injury without progressive deterioration or new injury. The EMG/NCV BLE is not medically necessary and appropriate.