

Case Number:	CM15-0207719		
Date Assigned:	10/26/2015	Date of Injury:	10/09/2014
Decision Date:	12/07/2015	UR Denial Date:	10/17/2015
Priority:	Standard	Application Received:	10/22/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 37 year old man sustained an industrial injury on 10-9-2014. Evaluations include lumbar spine MRI dated 3-19-2015 and left knee MRI dated 3-27-2015. Diagnoses include lumbar herniated nucleus pulposus, left knee internal derangement, and medication induced gastritis. Treatment has included oral medications, lumbar epidural steroid injection, and trigger point injections. Physician notes dated 9-30-2015 show complaints of low back pain rated 7 out of 10 with radiation to the bilateral lower extremities and left knee pain. The physical examination shows mild to moderate distress, tenderness to palpation of the lumbar musculature with increased rigidity, numerous trigger points and "decreased" range of motion with muscle guarding. Deep tendon reflexes are 2 out of 4 and symmetric at the patella and 1 out of 4 and symmetric at the achilles tendon. Strength is noted to be 4+ out of 5 for ankle flexion, ankle extension, and great toe extension. Straight leg raise is positive at 60 degrees sitting. Recommendations include Norco, Meloxicam, start FexMid, electrodiagnostic studies of the lumbar paraspinal muscles and bilateral lower extremities, and follow up in one month. Utilization Review denied a request for electrodiagnostic studies of the lumbar paraspinal muscles and bilateral lower extremities on 10-17-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electrodiagnostic study of the lumbar paraspinal muscles and bilateral lower extremities:
Upheld

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

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

Decision rationale: 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. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computer tomography [CT] for bony structures). Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. There are unequivocal objective findings of nerve compromise on the neurologic exam provided for review. However there is not mention of surgical consideration. There are no unclear neurologic findings on exam. For these reasons, criteria for lower extremity EMG/NCV have not been met as set forth in the ACOEM. Therefore the request is not medically necessary.