

Case Number:	CM15-0208732		
Date Assigned:	10/27/2015	Date of Injury:	01/14/2015
Decision Date:	12/08/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/23/2015

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 36 year old male with a date of injury on 01-14-2015. The injured worker is undergoing treatment for radiculopathy, disc bulges at L3-L5, left neuroforaminal stenosis per Magnetic Resonance Imaging dated 04-21-2015, and lumbar sprain and strain. A physician progress note dated 09-17-2015 documents the injured worker complains of low back pain into left knee. There is spasm and tenderness to palpation of the paraspinals bilaterally. There is a positive Kemps test bilaterally. Straight leg raise is positive into hamstrings. Sensation is decreased in the left lower extremity. A physician progress note dated 09-23-2015 documents the injured worker complains of low back pain rated 7 out of 10 radiating to his bilateral knees with more pain in the left knee. He has a difficult time maintaining sleep due to pain in his lumbar spine. There is decreased lumbar range of motion with pain. Straight leg raise is positive into the hamstring. Kemps test is positive bilaterally. Sensation is decreased in the left lower extremity. He is temporarily totally disabled. Current medications include Metformin, Glipizide, Simvastatin, Naproxen and Tramadol. The injured worker was dispensed the following medications: Pantoprazole, Diclofenac, Zolpidem, Tramadol and Compound HMPC2 cream-Flurbiprofen 20%-Baclofen 10%-Dexamethasone Micro 0.2%-Hyaluronic Acid 0.2% in a cream base, and Compound HNPC1-Amitriptyline Hcl 10%-Gabapentin 10%-Bupivacaine Hcl 5%-Hyaluronic Acid 0.2% in a cream base. The Request for Authorization dated 09-23-2015 includes: Pantoprazole, Diclofenac, Zolpidem, Tramadol and Compound HMPC2 cream-Flurbiprofen 20%-Baclofen 10%-Dexamethasone Micro 0.2%-Hyaluronic Acid 0.2% in a cream base, and Compound HNPC1-Amitriptyline Hcl 10%-Gabapentin 10%-

Bupivacaine Hcl 5%-Hyaluronic Acid 0.2% in a cream base. Also requested is a medication consultation for pain medication to help decrease pain and to help cure the effects of the symptomatic condition, lumbar x ray, Functional Capacity evaluation, an orthopedic evaluation, and acupuncture to the lumbar spine. On 09-30-2015 Utilization Review non-certified the request for EMG/NCV bilateral lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV bilateral lower extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Lumbar and LE: EDS.

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

Decision rationale: Electrodiagnostic studies which must include needle EMG is recommended where a CT or MRI is equivocal and there are ongoing pain complaints that raise questions about whether there may be a neurological compromise that may be identifiable (i.e., leg symptoms consistent with radiculopathy, spinal stenosis, peripheral neuropathy, etc.). However, the patient already had an MRI of the lumbar spine showing disc protrusion resulting in canal and neural foraminal narrowing for nerve compromise along with clinical neurological deficits consistent with lumbar radiculopathy negating any medical necessity for diagnostic EMG. Additionally, there is no lumbar spine or right lower extremity complaints or clinical findings to support for the right EMG/NCV. Also, the presumed diagnosis and treatment is lumbar radiculopathy; hence, NCS without suspicion or findings of entrapment syndrome has not been established to meet guidelines criteria. The EMG/NCV bilateral lower extremities is not medically necessary and appropriate.