

Case Number:	CM15-0021201		
Date Assigned:	02/10/2015	Date of Injury:	09/24/2012
Decision Date:	03/26/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	02/04/2015

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: New Jersey

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:

The injured worker is a 61 year old female who sustained an industrial injury on 09/24/2012. Diagnoses include chronic low back pain, degenerative disc disease of the lumbar spine, facet arthropathy of the lumbar spine, radiculitis of the right lower extremity or neuropathic pain, left knee to rule out derangement, and depression. Treatment to date has included medications, epidural steroid injection, and physical therapy. A physician progress note dated 12/31/2014 documents the injured worker continues to complain of significant pain in her left shoulder, knee and ribs. She gets numbness to her lower extremities and continued low back pain. Pain is rated 8 out of 10, and is worse with bending, stooping, lifting and carrying. The pain is sharp in nature. She gets improvement with rest and medications. Her gait is antalgic. The injured worker has tenderness to the paralumbar, parathoracic musculature. Range of motion is limited. McMurray test is positive. She has diminished sensation in her left lower extremity. Treatment requested is for Initial EMG/NCS, bilateral lower extremities, per 12/31/14 PR2 On 01/21/2015 Utilization Review non-certified the request for EMG/NCS, bilateral lower extremities, and cited was Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Initial EMG/NCS, bilateral lower extremities, per 12/31/14 PR2: Overturned

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, EMGs, NCS

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The MTUS ACOEM Guidelines state that for lower back complaints, nerve testing may be considered when the neurological examination is less clear for symptoms that last more than 3-4 weeks with conservative therapy. In the case of this worker, upon examination each time she was seen in the office, she exhibited right signs and symptoms of right and left leg radiculopathy, however, it was typically the right leg which was exhibiting decreased sensation, and the most recent progress note documented left-sided decreased sensation. It is reasonable to have confirmatory nerve testing to clarify the diagnosis, particularly if considering epidural injections, which was documented in the notes as well. The previous reviewer suggested that there was an epidural injection already completed before the office visit on 12/31/14, when the worker documented an interest again for having lumbar epidural injections authorized for the worker. It appears, based on the documentation provided, that the epidural injections were not yet approved at the time of this request. Therefore, the initial EMG/NCS, bilateral lower extremities are medically necessary.