MAXIMUS Federal Services

Case Number:	CM15-0043072		
Date Assigned:	03/13/2015	Date of Injury:	12/08/2014
Decision Date:	04/16/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	03/06/2015

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: 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 (IW) is a 20 year old female who sustained an industrial injury on 12/08/2014. She reported lower back pain with numbness into the left lower extremities. The injured worker was diagnosed as having post-traumatic lumbar sprain with paresthesia into the left lower extremity resulting from a confirmed disc protrusion at L4-S1 with associated radicular-like pain into the left lower extremity. The confirming MRI of the lumbar spine was done on 01/09/2015. Treatment to date has included activity modification, chiropractic care, and medications. Her response to treatment is described as slow but favorable. Currently, the injured worker complains of lower back pain described as a 5-6 on a scale of 0-10 occurring 50% to 75% of the day. Treatment plans include continued chiropractic care three times per week for the next 30 days following the 02/04/2015 office visit, and a request for lumbar spine electromyogram and nerve conduction study.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Spine electromyogram and nerve conduction study: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Table 12-7 and Table 12-8.

Decision rationale: The MTUS/ACOEM Guidelines comment on the use of electrodiagnostic studies to include EMGs and Nerve Conduction Studies (NCVs) for the evaluation of patients with low back complaints. These guidelines include a discussion of the ability of various techniques to identify and define low back pathology (Table 12-7). These guidelines state that physical examination and MRI imaging studies are equal to the value of EMG/NCV testing. In this case, based on the evidence in the record, the patient's physical examination findings were consistent with an L5-S1 radiculopathy. Further, the MRI study reported on 1/19/2015 was consistent with an L5-S1 disc protrusion. The above cited MTUS guidelines also provides a summary of the recommendations for evaluating and managing low back complaints. Regarding the use of electrodiagnostic studies, these are not recommended in the case of a "clinically obvious radiculopathy." In this case, the patient's history, physical examination findings and MRI imaging studies are consistent with a clinically obvious radiculopathy of the L5-S1 distribution. Under these conditions, a lumbar spine electromyogram and nerve conduction study is not considered as medically necessary.