

Case Number:	CM15-0053886		
Date Assigned:	03/27/2015	Date of Injury:	09/18/2014
Decision Date:	05/05/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	03/20/2015

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: Internal Medicine

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 49 year old male, who sustained an industrial injury on September 18, 2014. The injured worker was diagnosed as having left hip strain/sprain and lumbar strain/sprain with radiculitis and rule out discopathy. Treatment and diagnostic studies to date have included home exercise and chiropractic therapy. A progress note dated February 25, 2015 provides the injured worker complains of left low back and hip pain radiating to thigh. Physical exam notes pain with range of motion (ROM). The plan includes home exercise, magnetic resonance imaging (MRI) and electro diagnostic studies.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electrodiagnostic Studies (Lumbar Spine): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Electrodiagnostic studies.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305, 308-309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Lumbar & Thoracic (Acute & Chronic) Nerve conduction studies

(NCS). Work Loss Data Institute, Low back -- lumbar & thoracic (acute & chronic) <http://www.guideline.gov/content.aspx?id=47586> ACOEM 3rd Edition (2011) Low back disorders <http://www.guideline.gov/content.aspx?id=38438>.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses electrodiagnostic studies. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints indicates that EMG for clinically obvious radiculopathy is not recommended. ACOEM 3rd Edition indicates that electrodiagnostic studies for patients with acute, subacute, or chronic back pain who do not have significant leg pain or numbness are not recommended. Work Loss Data Institute guidelines for the low back states that nerve conduction studies (NCS) are not recommended. Official Disability Guidelines (ODG) indicate that nerve conduction studies (NCS) are not recommended. The radiology report dated 11/5/14 documented a negative study of the left hip. Alignment was intact. Bone density was normal. The visualized joint spaces are well maintained. There is no evidence of acute fracture or dislocation. The soft tissues are unremarkable. The primary treating physician's progress report dated 2/25/15 documented subjective complaints of left side lower back pain and left hip pain extending into the left posterior thigh. Objective findings were documented. FABERE (flexion, abduction, external rotation, extension) was positive for left hip pain. Straight leg raise was positive for low back pain radiating into the left lower extremity. There was pain with resisted muscle testing of the left hip. There was pain at the end range and lumbar motion. Diagnoses were lumbar sprain and strain, radiculitis, rule out discopathy, left hip sprain and strain. No motor or sensory neurologic deficits on physical examination were documented. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints indicates that EMG for clinically obvious radiculopathy is not recommended. The medical records document clinically obvious radiculopathy. Official Disability Guidelines (ODG) indicate that nerve conduction studies (NCS) are not recommended. MTUS, ACOEM, ODG, and Work Loss Data Institute guidelines do not support the request for bilateral lower extremity electromyography (EMG) and nerve conduction velocity (NCV) studies. Therefore, the request for electrodiagnostic studies is not medically necessary.