

Case Number:	CM15-0055444		
Date Assigned:	03/30/2015	Date of Injury:	09/30/2000
Decision Date:	05/05/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	03/23/2015

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: North Carolina, Georgia
 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 71 year old male who sustained an industrial injury on 09/30/00. Initial complaints and diagnose are not available. Treatments to date include medications, physical therapy, chiropractic treatments, acupuncture and an epidural steroid injection. Diagnostic studies include x-rays and a CT of the right knee. Current complaints include low, mid back and bilateral leg pain. In a progress note dated 03/02/15 the treating provider reports the plan of care as a CT of the lumbar spine, x-rays of the lumbar spine, lumbar support, and continued care by his primary care providers. The requested treatments are nerve conduction studies of the bilateral lower extremities, x-rays of the lumbar spine, and a lumbosacral orthotic.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 EMG/NCV of the bilateral lower extremities: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 33. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

Decision rationale: CA MTUS/ACOEM allows for the use of EMG and NCV for the evaluation of radiculopathy and peripheral neuropathy when symptoms are present for more than a few weeks. These tests may help identify subtle focal neurologic dysfunction in cases of lower extremity symptoms. The submitted records do describe symptoms consistent with radiculopathy which have been present for several months. EMG bilateral lower extremities is medically necessary.

1 x-rays of the lumbar spine to include flexion and extension: 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 - Lumbar & Thoracic (Acute & chronic).

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

Decision rationale: ACOEM states that should not be recommended in the absence of red flag findings of serious spinal pathology even if symptoms have persisted greater than 6 weeks. In this case, there are no red flag findings reported in the examination. X ray of lumbar spine with flexion/extension are not medically necessary.

1 LSO lumbar brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: ACOEM chapter on back complaints states that lumbar supports have not been shown to have any lasting benefits beyond the acute phase of symptom relief. The injury in this case is over fourteen years old. Therefore the request is not medically necessary.