

Case Number:	CM15-0057044		
Date Assigned:	04/01/2015	Date of Injury:	12/12/2014
Decision Date:	06/11/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	03/25/2015

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, Arizona
 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 39 year old female with an industrial injury dated December 12, 2014. The injured worker was reportedly pinned between a metal desk and a copy machine. The diagnoses include lumbar spine musculoligamentous sprain/strain with bilateral lower extremity radiculitis and bilateral sacroiliac (SI) joint sprain, abdominal contusion and lumbar contusion. Prior treatment includes diagnostic studies, prescribed medications and periodic follow up visits. According to the progress note dated 02/12/2015, the injured worker reported constant low back pain radiating to the bilateral lower extremities, constant bilateral lower extremity pain, lower abdominal pain and stress. Objective findings revealed tenderness, muscle spasm and guarding of the lumbar spine. Straight leg raising test, sacroiliac stress test, Patrick Faber's test were positive bilaterally. The treating physician prescribed services for Electromyography (EMG) and Nerve conduction velocity (NCV) of bilateral lower extremities now under review. There was no Request for Authorization Form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCV of Right lower extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, Nerve conduction studies (NCS).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Electrodiagnostic Studies.

Decision rationale: The California MTUS/ACOEM Guidelines state electromyography, including H reflex test, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. The Official Disability Guidelines state electromyography may be useful to obtain unequivocal evidence of radiculopathy after one month of conservative therapy, and is not necessary if radiculopathy is already clinically obvious. Nerve conduction studies are not recommended. In this case, the injured worker's physical examination revealed decreased range of motion, positive straight leg raise bilaterally, and diminished deep tendon reflexes involving the left lower extremity. As the injured worker's physical examination reveals objective evidence of radiculopathy involving the left lower extremity, the medical necessity for electrodiagnostic testing has not been established. There is no documentation of a sensory or motor deficit with regard to the right lower extremity to support the necessity for electrodiagnostic testing. Given the above, the request is not medically necessary at this time.

NCV of Left lower extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, Nerve conduction studies (NCS).

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

Decision rationale: The California MTUS/ACOEM Guidelines state electromyography, including H reflex test, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. The Official Disability Guidelines state electromyography may be useful to obtain unequivocal evidence of radiculopathy after one month of conservative therapy, and is not necessary if radiculopathy is already clinically obvious. Nerve conduction studies are not recommended. In this case, the injured worker's physical examination revealed decreased range of motion, positive straight leg raise bilaterally, and diminished deep tendon reflexes involving the left lower extremity. As the injured worker's physical examination reveals objective evidence of radiculopathy involving the left lower extremity, the medical necessity for electrodiagnostic testing has not been established. There is no documentation of a sensory or motor deficit with regard to the right lower extremity to support the necessity for electrodiagnostic testing. Given the above, the request is not medically necessary at this time.

EMG of Right lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: The California MTUS/ACOEM Guidelines state electromyography, including H reflex test, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. The Official Disability Guidelines state electromyography may be useful to obtain unequivocal evidence of radiculopathy after one month of conservative therapy, and is not necessary if radiculopathy is already clinically obvious. Nerve conduction studies are not recommended. In this case, the injured worker's physical examination revealed decreased range of motion, positive straight leg raise bilaterally, and diminished deep tendon reflexes involving the left lower extremity. As the injured worker's physical examination reveals objective evidence of radiculopathy involving the left lower extremity, the medical necessity for electrodiagnostic testing has not been established. There is no documentation of a sensory or motor deficit with regard to the right lower extremity to support the necessity for electrodiagnostic testing. Given the above, the request is not medically necessary at this time.

EMG of Left lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: The California MTUS/ACOEM Guidelines state electromyography, including H reflex test, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. The Official Disability Guidelines state electromyography may be useful to obtain unequivocal evidence of radiculopathy after one month of conservative therapy, and is not necessary if radiculopathy is already clinically obvious. Nerve conduction studies are not recommended. In this case, the injured worker's physical examination revealed decreased range of motion, positive straight leg raise bilaterally, and diminished deep tendon reflexes involving the left lower extremity. As the injured worker's physical examination reveals objective evidence of radiculopathy involving the left lower extremity, the medical necessity for electrodiagnostic testing has not been established. There is no documentation of a sensory or motor deficit with regard to the right lower extremity to support the necessity for electrodiagnostic testing. Given the above, the request is not medically necessary at this time.