

Case Number:	CM14-0000881		
Date Assigned:	01/22/2014	Date of Injury:	12/04/2012
Decision Date:	06/10/2014	UR Denial Date:	12/30/2013
Priority:	Standard	Application Received:	01/02/2014

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. The expert reviewer is Board Certified in Orthopedic Surgery, has a subspecialty in Spine Surgery and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Claimant was injured 12/4/2012 while driving a bus that hit a bump, causing it to jerk awkwardly. Low back pain and bilateral leg pain developed. Claimant was first seen 12/4/2012 and a diagnosis of acute lumbosacral strain and spasm was given, but there is no record of a physical exam on this date. On 12/6/2012, the claimant returns for follow up and the exam notes indicate difficulty arising from a chair; reflexes are normal and lumbar range of motion is restricted due to pain. Straight leg raise is negative. Sciatica is added to the diagnoses. On 12/10/2013, the physical exam is largely unchanged. Physical therapy is suggested. On 12/29/2013, the straight leg test is now positive in both legs as is Bonnet sign in the left leg, and range of motion is further restricted. On 1/2/2013 claimant reports feeling better and straight leg test is once again negative with range of motion still limited. Therapy continues including therapeutic exercise and modalities. 1/16/2013 note shows a return of positive straight leg raise test in both legs with minimal improvement in range of motion and these findings continue on 1/30/13 and 2/13/2013. Toe and heel walking are normal. The 2/26/2013 progress note shows similar exam findings and a report of plain x-rays of the lumbar spine which is described as "within normal limits." By 3/6/2013 there are now diminished reflexes in the legs and some numbness of the left leg as well. A magnetic resonance imaging (MRI) is suggested. MRI report from 3/8/2013 reveals bilateral foraminal narrowing at L5-S1. On 3/20/2013 a new diagnosis of chronic lumbosacral strain is given. No significant change in exam findings is noted. By 4/2/2013 the leg reflexes are further diminished. Orthopedic consultation is sought and the orthopedic surgeon exam on 5/8/2013 reveals the patient has unchanged symptoms. The exam shows a negative straight leg raise test, normal reflexes and motor strength. There is tenderness to palpation of the low back and restricted lumbar flexion. Smoking cessation and weight loss were suggested, as was an epidural steroid injection. Orthopedic follow up on 6/7/2013 included

flexion and extension x-rays which show no instability but degenerative changes at L5-S1. On 7/15/2013 there is diminished sensation in the left L5 distribution without other changes to symptoms or the exam. On 7/25/2013 exam reveals normal range of motion of the low back and both hips. Deyerle sign and Kemp sign are positive. MRI exams of the hips are ordered, as is a trial of acupuncture. The hip MRI was ultimately normal bilaterally. An MRI of the lumbar spine on 10/11/2013 reveals an annular disc tear at L5-S1 with bilateral nerve root compromise at this level.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG LOWER EXTREMITIES, #2: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

Decision rationale: ACOEM guidelines do not support the use of EMG for clinically obvious radiculopathy. The claimant has low back pain with pain radiating to the legs. There is evidence for diminished sensation in the left L5 distribution with positive nerve root tension signs and diminished reflexes, along with MRI findings that corroborate nerve root impingement. These are all findings consistent with radiculopathy. The request is non certified.

NERVE CONDUCTION VELOCITY, LOWER EXTREMITIES, #2: 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, (UPDATED 12/27/13), NERVE CONDUCTION STUDIES.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) LOW BACK, NERVE CONDUCTION STUDIES.

Decision rationale: ACOEM does not specifically address nerve conduction velocity studies of the lower extremities; however ODG deems them not recommended in clinically suspected radiculopathy. The request is non certified.