

Case Number:	CM14-0116427		
Date Assigned:	08/04/2014	Date of Injury:	02/25/2013
Decision Date:	09/29/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	07/23/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in California. 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:

The underlying date of injury in this case is 02/25/2013. The date of the utilization review under appeal is 07/09/2014. The treating diagnosis is lumbosacral radiculitis. On 05/20/2014, the patient was seen in treating physician follow-up regarding persistent left shoulder, low back, and right thigh pain. The patient felt that medications were helpful without side effects. The patient was being treated with Ultracet, Lodine, Lyrica, and Zanaflex. The patient was diagnosed with chronic low back and right lower extremity pain. An MRI of 12/06/2013 was noted to have shown a central disc protrusion at L5-S1 with a bulge at L2-L3 and mild foraminal stenosis on the right more than left at L3-4 and L2-3. The treating physician prescribed medications and indicated a plan to await an epidural injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography of the Bilateral Lower Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 11th Edition (web), 2013, Low Back Chapter: Electrodiagnostic studies (EDS), EMGS (electromyography).

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

Decision rationale: The ACOEM Guidelines, chapter 12/low back, page 303, recommend electromyography and nerve conduction velocities to identify subtle, focal neurological dysfunction in patients with low back symptoms lasting more than several weeks. This guideline provides criteria for MRI imaging versus electrodiagnostic studies. This patient previously has undergone MRI imaging of the spine. The medical records do not provide a rationale as to why electrodiagnostic studies would be indicated in addition to the prior MRI imaging. The records do not include a differential diagnosis of a focal peripheral neuropathy or other condition for which electrodiagnostic studies would be necessary or indicated. At this time the medical records and guidelines do not support this request. This request is not medically necessary.

Nerve Conduction Velocity of the Bilateral Lower Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 11th Edition (web), 2013, Low Back Chapter: Nerve conduction studies (NCS).

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

Decision rationale: The ACOEM Guidelines, chapter 12/low back, page 303, recommend electromyography and nerve conduction velocities to identify subtle, focal neurological dysfunction in patients with low back symptoms lasting more than several weeks. This guideline provides criteria for MRI imaging versus electrodiagnostic studies. This patient previously has undergone MRI imaging of the spine. The medical records do not provide a rationale as to why electrodiagnostic studies would be indicated in addition to the prior MRI imaging. The records do not include a differential diagnosis of a focal peripheral neuropathy or other condition for which electrodiagnostic studies would be necessary or indicated. At this time the medical records and guidelines do not support this request. This request is not medically necessary.