

Case Number:	CM14-0122001		
Date Assigned:	08/06/2014	Date of Injury:	10/03/2013
Decision Date:	09/29/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	08/01/2014

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 Rehabilitation & Pain Management has a subspecialty in Interventional Spine 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 patient is a 30 year old female with an injury date on 10/03/2003. Based on the 06/17/2014 progress report provided by Dr. [REDACTED], the diagnoses are: 1. Cervical disc syndrome 2. Lumbar disc syndrome 3. Cervical radiculitis 4. Lumbar radiculitis 5. Lumbar paravertebral myospasm. According to this report, the patient presents with head/jaw pain, neck pain, right shoulder, right elbow, and middle back pain. The patient also complains of frequent lower back pain that radiates into the leg down to the knees. Pain is rated at a 7-8/10. Pain increased with sitting, walking or standing, forward bending, squatting, stooping, climbing or descending stairs, twisting, turning and forceful pushing and pulling. Physical exam reveals tenderness over the paracervical muscle, trapezius muscle, occipital muscles, and suboccipital muscles bilaterally. Cervical range of motion is decreased with pain. Spurling's test, foraminal compression and shoulder depression test were all positive. Exam of the lumbar indicates a decreased right patellar reflex (L4) and a decrease motor strength of the great toe extensor (L5) and foot evertors (S1). Orthopedic exam finding of the lumbar spine was not included in the report. The 01/10/2014 report indicates Feber test, straight leg raising and Lasegue test are all negative. There were no other significant findings noted on this report. The utilization review denied the request on 07/17/2014. Dr. [REDACTED] is the requesting provider, and he provided treatment reports from 01/10/2014 to 06/16/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nerve Conductive Velocity (NVC) Lower Extremities: 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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG guidelines has the following regarding Electrodiagnostic Studies.

Decision rationale: According to the 06/17/2014 report by treating physician this patient presents with frequent lower back pain that radiates into the leg down to the knees. The treating physician is requesting Nerve Conductive Velocity (NVC) Lower Extremities. The utilization review denial letter states "the clinical examination does not clearly outline finding consistent with possible nerve root irritation." Regarding electrodiagnostic studies of lower extremities, ACOEM supports EMG and H-reflex. ODG does not support NCV studies for symptoms that are presumed to be radicular in nature. Review of the reports do not show any evidence of NCV being done in the past. In this case, the patient's leg symptoms are primarily radicular with no concerns for other issues such as peripheral neuropathy. Therefore, the request is not medically necessary.

Electromyogram (EMG) Lower Extremities: Overturned

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.

Decision rationale: According to the 06/17/2014 report by treating physician this patient presents with frequent lower back pain that radiates into the leg down to the knees. The treating physician is requesting Electromyogram (EMG) Lower Extremities. The utilization review denial letter states "the clinical examination does not clearly outline finding consistent with possible nerve root irritation." Regarding electrodiagnostic studies, the ACOEM page 303 support EMG and H-reflex tests to determine subtle, focal neurologic deficit. Review of the reports do not show any evidence of EMG being done in the past. In this case, the treating physician has requested for an EMG of the lower extremity and the guidelines support it. Therefore, the request is medically necessary.