

Case Number:	CM14-0122077		
Date Assigned:	08/06/2014	Date of Injury:	09/30/2000
Decision Date:	10/07/2014	UR Denial Date:	07/02/2014
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 Occupational Medicine 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:

Injured worker is a male with date injury 9/30/2000. No clinical reports were provided for review. Per the utilization review dated 7/2/2014, the injured worker was seen on 6/19/2014 for follow up of low back pain, right knee and left shoulder pain. He continues to have low back pain with radiation into the left lower extremity. He rates pain 7/10 on VAS. He states that his balance has been off lately. There is associated numbness and weakness. Physical examination revealed an obese patient with an antalgic gait and slight shuffling movement. He has difficulty with toe walking because of back pain. The lower extremities have decreased motor strength with lower leg extension and ankle dorsiflexion (4/5). Reflexes were 1+ at the patella and Achilles. The lumbar spine has decreased range of motion, spasm and guarding. Medications at this time include Lidoderm patch, Ketamine cream, Gabapentin, Capsaicin cream, Cozaar, Famotidine, Glipizide, Hydrochlorothiazide, Insulin, Metformin, Aspirin, Simvastatin, and Vitamin D. MRI dated 10/1/2008 reveals moderate multi level disc and facet degeneration and spondylosis. At level L3-4 there is moderately severe right lateral recess stenosis slightly compressing the descending right L4 nerve. MRI dated 7/12/2010 showed lumbar spondylosis with multilevel disc disease with disc bulge at L3-4 with posterocentral annular fissure and disc protrusion causing mild central canal stenosis; bilateral neural foraminal stenosis at L3-4 (moderate to severe right and severe left neural foraminal stenosis and disc bulge at L5-S1 causing mild central canal stenosis with bilateral moderate neural foraminal stenosis. Diagnosis is lumbar disc displacement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyogram (EMG) Bilateral 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 rationale: Per the MTUS Guidelines, EMG may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. The requesting physician does not provide explanation of why EMG would be necessary for this injured worker, who already has identified pathology. Therefore, this request for EMG of bilateral lower extremities is determined to not be medically necessary.

Nerve Conductive Velocity (NVC) Bilateral Lower Extremities: Upheld

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

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 Chapter, Nerve conduction studies (NCS) section

Decision rationale: The MTUS Guidelines do not specifically address nerve conduction studies of the lower extremities. Per the ODG, nerve conduction studies are not recommended because there is minimal justification of performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. The requesting physician does not provide explanation of why NCV would be necessary for this injured worker, who already has identified pathology. Therefore, this request for nerve conduction velocity (NCV) of bilateral lower extremities is determined to not be medically necessary.