

Case Number:	CM14-0124819		
Date Assigned:	09/25/2014	Date of Injury:	04/03/2014
Decision Date:	10/27/2014	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	08/07/2014

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, 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 53 year old female with an injury date of 04/03/14. The 07/30/14 progress report by [REDACTED] states that the patient presents with lumbar pain and leg pain rated 7/10 with weakness with climbing. The patient is on modified work with restrictions. Examination of the lumbar spine reveals tenderness to palpation with slight hypertonicity and a slight antalgic gait. The patient's diagnoses include: 1.Sprain Lumbar region 2.Myalgia and myositis-bilateral legs. The utilization review being challenged is dated 08/04/14. The rationale is that reports fail to provide recent objective evidence of neurologic deficit suggestive of nerve root impingement, peripheral neuropathy or entrapment neuropathy. Reports were provided from 05/19/14 to 07/30/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Electromyography of Bilateral Legs: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The patient presents with lumbar pain and leg pain rated 7/10. The provider requests for 1 Electromyography of bilateral legs. On 07/30/14 the provider states the patient is almost 5 months post injury and continues to experience moderate pain. The reports provided do not further discuss the reason for the request. There is no discussion of a prior study and no prior EMG reports were provided. MTUS does not discuss EMG/NCS; however, ACOEM does allow for nerve conduction studies to confirm the diagnosis of CTS or to differential radiculopathy. In this case no prior study has been completed. Recommendation is for authorization.

1 Nerve Conduction Studies of Bilateral Legs: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The patient presents with lumbar pain and leg pain rated 7/10. The provider requests for 1 Nerve conduction studies of bilateral legs. On 07/30/14 the provider states the patient is almost 5 months post injury and continues to experience moderate pain. The reports provided do not further discuss the reason for the request. There is no discussion of a prior study and no prior EMG/NCV reports were provided. MUTS is silent on NCV. ACOEM does allow for nerve conduction studies to confirm the diagnosis of CTS or to differential radiculopathy. While EMG may be indicated, NCV studies are not supported if the leg symptoms are presumed to be coming from the lumbar spine. However, there is no evidence that the patient has electrical studies done in the past and given the diagnostic possible confusion, recommendation is for authorization.