

Case Number:	CM14-0125195		
Date Assigned:	08/11/2014	Date of Injury:	05/19/2014
Decision Date:	10/22/2014	UR Denial Date:	07/09/2014
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 and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Massachusetts. 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 claimant has a history of a work injury occurring on 05/19/14 when, while working as a housekeeper she slipped and fell in a bathroom. When seen on the date of injury she was having low back pain rated at 9/10. There was no radiating pain. She was not taking any medications. Physical examination findings included a normal gait. There was a normal neurological examination. She had thoracolumbar spine tenderness. A Toradol injection was administered. Acetaminophen, and nabumetone were prescribed. She was released to modified work. On 05/22/14 she had not improved. Restricted work was being accommodated. She was having buttock pain. There were no new symptoms. Physical examination findings appear normal. Tramadol was prescribed. Work restrictions were continued. On 06/22/14 she was continuing at modified duty. Her condition had not changed. She was having ongoing pain when sitting. Pain was rated at 8/10. She was referred for physical therapy. Tramadol 50 mg #45 and Orphenadrine citrate SR 100 mg #30 were prescribed. A lumbar orthosis was provided. On 07/01/14 she was having upper back and right shoulder pain related to a fall in July 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography Left Lower Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines

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-Lumbar & Thoracic (Acute & Chronic), EMGs (electromyography)

Decision rationale: The claimant is status post work-related injury occurring in May 2014 and continues to be treated for non-radiating back and buttock pain. Her provider documents a normal neurological examination. An EMG (electromyography) is recommended as an option to obtain unequivocal evidence of radiculopathy. In this case, there is no clinical evidence of radiculopathy based on the claimant's symptoms and the physical examinations performed. Therefore the requested left lower extremity was not medically necessary.

Electromyography Right Lower Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines

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-Lumbar & Thoracic (Acute & Chronic), EMGs (electromyography)

Decision rationale: The claimant is status post work-related injury occurring in May 2014 and continues to be treated for non-radiating back and buttock pain. Her provider documents a normal neurological examination. An EMG (electromyography) is recommended as an option to obtain unequivocal evidence of radiculopathy. In this case, there is no clinical evidence of radiculopathy based on the claimant's symptoms and the physical examinations performed. Therefore the requested right lower extremity EMG was not medically necessary.

Nerve Conduction study Left Lower Extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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-Lumbar & Thoracic (Acute & Chronic), Nerve conduction studies (NCS)

Decision rationale: The claimant is status post work-related injury occurring in May 2014 and continues to be treated for non-radiating back and buttock pain. Her provider documents a normal neurological examination. Nerve conduction studies (NCS) for lumbar radiculopathy are not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of lumbar radiculopathy. In this case, there is no clinical evidence of radiculopathy based on the claimant's symptoms and the physical examinations performed. Therefore the requested left lower extremity nerve conduction study was not medically necessary.

Nerve Conduction study Right Lower Extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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-Lumbar & Thoracic (Acute & Chronic), Nerve conduction studies (NCS)

Decision rationale: The claimant is status post work-related injury occurring in May 2014 and continues to be treated for non-radiating back and buttock pain. Her provider documents a normal neurological examination. Nerve conduction studies (NCS) for lumbar radiculopathy are not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of lumbar radiculopathy. In this case, there is no clinical evidence of radiculopathy based on the claimant's symptoms and the physical examinations performed. Therefore the requested right lower extremity nerve conduction study was not medically necessary.