

Case Number:	CM14-0130966		
Date Assigned:	08/20/2014	Date of Injury:	04/09/1999
Decision Date:	10/08/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	08/16/2014

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 Texas. 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 injured worker is a 67 year old male who sustained an injury to his low back on 04/09/1999. The mechanism of injury is not documented. Recent magnetic resonance image of the lumbar spine noted a herniated disc at L3-4 on the right with inferior extrusion or protrusion. Physical examination noted severe restriction with range of motion of the lumbar spine with inability to flex/extend; diminished sensation to pinprick over the medial aspect of the left calf (L4) and over the lateral aspect of the right thigh, right calf and right foot; inability to heel/toe walk on the right side, despite no motor weakness in either extremity; positive straight leg raising 65 degrees; Patrick's and Gaenslen's testing positive bilaterally; knee reflexes were trace, as well as ankle reflexes being absent. Clinical note dated 07/24/14 reported that the injured worker continued to complain of constant low back pain radiating into the bilateral lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 EMG/NCS of the back and bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Low Back, Lumbar & Thoracic (Acute & Chronic) Electromyography and Nerve conduction studies (NCS)

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, Electrodiagnostic studies (EDS)

Decision rationale: Additionally, surgical considerations are currently premature as the documentation did not reflect any recent conservative care beyond oral medications. After careful consideration, the documentation did not reflect clear picture of well-defined radiculopathy and the proposed diagnostic testing (EMG) is medically reasonable. The nerve conduction velocity study, however, would likely be of little benefit in this clinical setting. The documentation did not reflect any suggestion of any peripheral or lower extremity entrapment neuropathy and in this setting of a presumptive radiculopathy, such a study is unsupported by the cited guidelines. After reviewing the clinical documentation, there was no additional significant objective information provided that would support reversing the previous adverse determination. Given this, the request for EMG/NCS of the back and bilateral lower extremities is not indicated as medically necessary.