MAXIMUS Federal Services

Case Number:	CM14-0140686		
Date Assigned:	09/10/2014	Date of Injury:	01/27/2010
Decision Date:	10/14/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	08/29/2014

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 Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in Florida. 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 50-year-old male who reported an injury on 01/27/2010 due to a motor vehicle accident. On 08/04/2014, the injured worker presented with thoracic spine pain. Upon examination over the lumbar spine, there was a positive bilateral straight leg raise. There was muscle guarding digitally palpated and confirmed for the quadratus lumborum bilaterally. There was moderate tenderness consistently noted upon spinous process challenge of the T10 to L5 motor units with increasing tenderness the more inferior the examination progressed. There were articular dyskinesia noted for the T11-12, L4-5, and L5-S1. There was normal neurologic examination. There was no muscle weakness and there were normal deep tendon reflexes noted. The diagnosis was lumbar strain/sprain. Prior therapies were not provided. The provider recommended an EMG and NCV of the lumbar spine; the provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG for the lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The California MTUS/ACOEM Guidelines state that electromyography and nerve conduction studies may be useful to identify subtle, focal neurologic dysfunction in an injured worker with low back symptoms lasting more than 3 to 4 weeks. There was a lack of documented neurological deficits pertaining to the lumbar spine. The clinical note revealed low back pain with evidence of a positive straight leg raise. There was normal sensation and motor strength noted. There was a lack of documentation of the injured worker's failure to respond to conservative treatment to include physical therapy and medications. As such, medical necessity has not been established. The request for EMG for the lumbar spine is not medically necessary.

NCV of the lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The California MTUS/ACOEM Guidelines state that electromyography and nerve conduction studies may be useful to identify subtle, focal neurologic dysfunction in an injured worker with low back symptoms lasting more than 3 to 4 weeks. There was a lack of documented neurological deficits pertaining to the lumbar spine. The clinical note revealed low back pain with evidence of a positive straight leg raise. There was normal sensation and motor strength noted. There was a lack of documentation of the injured worker's failure to respond to conservative treatment to include physical therapy and medications. As such, the request for NCV of the lumbar spine is not medically necessary.