

Case Number:	CM14-0140982		
Date Assigned:	09/10/2014	Date of Injury:	09/19/2012
Decision Date:	10/30/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/02/2014

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 Family 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:

The injured worker is a 37 year old female who sustained an injury to her low back on 09/19/12 due to a trip and fall. MRI of the lumbar spine dated 07/18/14 revealed at L2-3 and L5-S1, there is mild disc degeneration with small posterior central disc protrusion which do not compromise the neural elements; examination otherwise unremarkable. Treatment to date has included physical therapy, chiropractic manipulation treatment, acupuncture therapy, management with medications, work restrictions and activity modifications. The progress report dated 07/22/14 noted that the injured worker returned to the clinic for orthopedic reevaluation. The injured worker is scheduling her physical therapy, which has been authorized. Physical examination of the lumbar spine noted tenderness to palpation over the upper, mid, and lower paravertebral musculature; range of motion flexion to 20 degrees with 20 degrees of bilateral lateral bending, 20 degrees of bilateral lateral rotation, and extension to 15 degrees; straight leg raise and rectus femoris stretch sign do not demonstrate any nerve irritability; able to heel/toe walk without difficulty; slight antalgic gait due to left knee pain; pain in the left knee with duck waddling; physical examination of the left knee noted tenderness to palpation over the medial joint line; mild medial pain with McMurray's maneuver; marked patellofemoral irritability with satisfactory patella excursion and tracking; grade 4+/5 quadriceps/hamstring strength; range of motion 0 to 115 degrees; diminished sensation in the bilateral L5 distribution, left greater than right without motor weakness or reflex injury. The injured worker was recommended for electrodiagnostic studies of the bilateral lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electrodiagnostic Studies of Bilateral Lower Extremities: Upheld

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

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: The previous request was denied on the basis that based on the diagnosis and considering lack of hard clinical indications or MRI findings to support the need for right or left sided lower extremity EMG, according to the CAMTUS guidelines, the request was not deemed as medically appropriate. The Official Disability Guidelines states that nerve conduction studies (NCS) are not recommended for low back conditions. The Official Disability Guidelines also states that for low back nerve conduction studies are not recommended and EMG are recommended in some cases, so generally they would not be both covered in a report for a low back condition. There was no report of a new acute injury or exacerbation of previous symptoms. There was no mention that a surgical intervention was anticipated. There were no additional significant 'red flags' identified. Furthermore, physical examination of the right knee was unremarkable. Given the clinical documentation submitted for review, the request of Electrodiagnostic Studies of Bilateral Lower Extremities is not medically necessary and appropriate.