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| Case Number: | CM14-0144577 | | |
| Date Assigned: | 09/12/2014 | Date of Injury: | 07/02/2014 |
| Decision Date: | 10/27/2014 | UR Denial Date: | 08/09/2014 |
| Priority: | Standard | Application Received: | 09/05/2014 |

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, has a subspecialty in Clinical Informatics and is licensed to practice in Pennsylvania. 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:

On July 2, 2014, this worker was lifting a 250 pound ramp and felt a "pop" in his mid-back. He then developed burning pain in the mid back and a pulling sensation on the left side toward the lower back. The diagnoses include back strain and back injury. At an orthopedic office visit on July 11, 2014, he reported neck pain with radiation of numbness and tingling in the bilateral upper extremities to his fingers and back pain with radiation of pain, numbness, tingling and weakness in the bilateral lower extremities to his feet. Examination revealed upper extremity sensation intact bilaterally and lower extremity sensation decreased in the left S1 dermatome. Finger flexion and finger extension were 4/5 bilaterally and the rest of the upper extremity motor exam was 5/5. Plantar flexion was 4/5 on the right and 5/5 on the left and the rest of the lower extremity motor exam was 5/5. Biceps reflexes were normal bilaterally. Brachioradialis and triceps reflexes were hyporeflexive bilaterally. Patellar and Achilles reflexes were normal bilaterally. Straight leg raise was positive on the right. Slump test was negative bilaterally. Spurling's test was negative bilaterally. Cervical spine x-ray showed no acute changes. Thoracic spine x-ray was normal. Lumbar spine x-ray showed pars defect. He had not yet received any physical therapy, chiropractic, acupuncture, injections or surgery. He had tried Aleve and tramadol which had not helped his pain. His diagnoses on that date included spondylolisthesis L5-S1 and lumbar radiculopathy. EMG/NCS of bilateral lower extremities was requested. A trial of chiropractic rehabilitative therapy was also requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV for the lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 177-178, 303.

Decision rationale: According to the MTUS guidelines patient's presenting with neck or upper back problems or low back problems do not need special studies unless a 3 or 4 week period of conservative care and observation fails to improve symptoms. Electromyography may be useful to identify subtle focal neurologic dysfunction in patients lasting more than 3 or 4 weeks. The timing of this request which is early in the course of the patient's symptoms, is prior to conservative treatment such as chiropractic or physical therapy, and is in the absence of any red flag signs, determines the request to not be medically necessary.