

Case Number:	CM14-0162864		
Date Assigned:	10/08/2014	Date of Injury:	10/07/2013
Decision Date:	11/07/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	10/03/2014

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 Interventional Spine, 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 patient is a 35 year old male with an injury date of 10/07/13. Based on the 08/20/14 progress report, the patient complains of pain in his left leg and burning lower back pain. He rates his pain as a 6/10 and describes the pain as being intermittent. The pain is aggravated by standing and sitting for long periods. There is midline tenderness over the lumbar spine area and over both sides of the paraspinal area. In regards to the left knee, there is medial and lateral joint line tenderness. The 08/01/14 report states that the patient has throbbing pain with numbness/tingling radiating into the left greater than right buttock, left dorsolateral thigh, calf and ankle region. He has difficulty walking and his left leg feels weak. The 01/06/14 MRI of the lumbar spine revealed the following: 1. At the L4-5 level there is mild broad-based disk bulge as well as ligamentum flavum and some facet hypertrophy. This causes minimal spinal canal stenosis. There is some narrowing of the right neural foramina but the right L4 nerve root is not involved. 2. At the L5-S1 level there is mild broad-based disk bulge, somewhat more prominent in the right paracentral region. This causes mild posterior displacement of the right S1 nerve root within the spinal canal. The neural foramina and L5 nerve roots do not appear to be significantly involved. 3. There is disk desiccation with mild loss of disk height at the L1-2 level. The 07/31/14 MRI of the thoracic spine showed minimal right-sided facet disease and ligamentum flavum redundancy which slightly narrow the right neural foramen at T10-11. The 07/31/14 MRI of the left and right hip revealed mild degenerative disease involving bilateral hips. The 07/31/14 MRI of the left knee revealed the following: 1. Mild chondromalacia in the lateral patellar facet and medial femoral condyle 2. Anterior cruciate ligament fibers appear thinned although otherwise grossly intact. The patient's diagnoses include the following: 1. Crush inj. Knee 2. Sprain lumbar

region3.Crush inj ankle/footThe utilization review determination being challenged is dated 09/08/14. Treatment reports were provided from 01/20/14- 08/20/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient EMG/NCS bilateral lower extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

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

Decision rationale: According to the 08/20/14 progress report, the patient presents with pain in his left leg and burning lower back pain. The request is for an outpatient EMG/NCS of the bilateral lower extremity to help evaluate for the presence of nerve crush or stretch injury if any. There is no indication of any prior EMG/NCS studies conducted. ACOEM Guidelines page 303 states, "Electromyography including H-reflex test may be useful to identify subtle focal neurologic dysfunctions in patients with low back symptoms lasting more than 3 or 4 weeks." This patient has had persistent pain in the low back since the first progress report provided on 01/20/14, lasting more than 3 to 4 weeks. Recommendation is for authorization.