

Case Number:	CM14-0080965		
Date Assigned:	07/18/2014	Date of Injury:	06/08/2013
Decision Date:	10/15/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	06/02/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 43 year-old male was reportedly injured on 6/8/2013. The mechanism of injury is listed as sudden move. The most recent progress note, dated 5/7/2014, indicates that there are ongoing complaints of low back pain. The physical examination demonstrated lumbar spine: positive straight leg raise on the right supine at 30 causing pain into the Exacerbated by passive people dorsiflexion right side of low back pain when his hips flexed greater than 90 while simultaneously flexing the knee. Favorite test is modestly positive. Mild right-sided low back pain with passive abduction of the right hip. Reflexes 2+ symmetric, muscle strength 5/5 equal bilaterally. No recent diagnostic studies are available for review. Previous treatment includes medications, physical therapy, and conservative treatment. A request had been made for Electromyography (EMG) of the right lumbar and was denied in the pre-authorization process on 5/20/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG Right Lumbar: Upheld

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

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-Lumbar and Thoracic. (Acute and Chronic). EMG. Updated 8/22/2014.

Decision rationale: ODG guidelines state lumbar spine EMGs are recommended as an option and may be useful to obtain unequivocal evidence of radiculopathy, after one-month conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. After reviewing the medical documentation provided it is noted the injured worker does have low back pain, and the most recent physical exam findings document positive straight leg raise on the right, and mildly positive Faber test. Motor and sensory exam are otherwise unremarkable. Patient is attending physical therapy and has attended 5/8 visits. At this time the patient is still participating a conservative therapy, and the requested procedure is deemed not medically necessary at this time.

NCV Right Lumbar: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Treatment Index , 11th Edition (web) 2013, Low Back Chapter, NCS

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC/ODG Integrated Treatment/Disability Duration Guidelines; Low Back - Lumbar & Thoracic (Acute & Chronic) - Nerve Conduction Studies - (updated 07/03/14).

Decision rationale: MTUS/ACOEM guidelines do not address this request. ODG does not recommend nerve conduction velocities (NCV) of the lower extremities for low back pain. As such, this request is considered not medically necessary.