

Case Number:	CM14-0095235		
Date Assigned:	09/15/2014	Date of Injury:	02/19/2013
Decision Date:	11/03/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	06/23/2014

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 Occupational 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:

There were 74 pages provided for this review. The application was signed on June 19, 2014. It was for electrodiagnostic studies of all four extremities. There was a utilization review from June 12, 2014. Per the records provided, the patient complained of low back pain which was described as always aching, sharp and stabbing. The pain radiated to the bilateral lower extremities and was worse on the left. The patient complained of numbness and tingling in the right lower extremity. On exam, there was spasm and markedly limited range of motion and bilateral sciatica and bilateral limited flexion. Bending and rotation produced increased discomfort. Spasms and tightness were noted. The neurologic exam suggested some L5-S1 radiculopathy. This was a request for electromyogram and nerve conduction studies. The patient slipped, fell and struck the buttocks with the heel and fell onto the hands, but the patient was able to keep from falling completely to the ground. The medicines included tramadol, Anaprox and omeprazole. The patient had a lumbar epidural block but with only about 10 days of relief. The MRI of the lumbar spine showed an L5-S1 disc herniation with left foraminal narrowing. Aleve provided no benefit and physical therapy also did not help. The medicines tramadol and nabumetone were also tried. Activity modification provided no benefit. He is at home trying polar frost and home physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography of the left lower extremity: Upheld

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

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

Decision rationale: Although subjective pain is noted, there are no objective neurologic signs, or equivocal ones. The MTUS ACOEM notes that electrodiagnostic studies may be used when the neurologic examination is unclear, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. In this case, there was not a neurologic exam showing equivocal signs that might warrant clarification with electrodiagnostic testing. The request for Electromyography of the Left Lower Extremity is not medically necessary.

Nerve conduction study of the right lower extremity: Upheld

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

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

Decision rationale: As shared previously, the MTUS ACOEM notes that electrodiagnostic studies may be used when the neurologic examination is unclear, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Although subjective pain is noted, there are no objective neurologic signs, or equivocal ones. In this case, there was not a neurologic exam showing equivocal signs that might warrant clarification with electrodiagnostic testing. The request for Nerve Conduction Study of the Right Lower Extremity is not medically necessary.

Nerve conduction study of the left lower extremity: Upheld

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

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

Decision rationale: Although subjective pain is noted, there are no objective neurologic signs, or equivocal ones. Again, the MTUS ACOEM notes that electrodiagnostic studies may be used when the neurologic examination is unclear, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. In this case, there was not a neurologic exam showing equivocal signs that might warrant clarification with electrodiagnostic testing. The request for Nerve Conduction Study of the Left Lower Extremity is not medically necessary.

Electromyography of the right lower extremity: Upheld

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

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

Decision rationale: The MTUS ACOEM notes that electrodiagnostic studies may be used when the neurologic examination is unclear, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Although subjective pain is noted, there are no objective neurologic signs, or equivocal ones. In this case, there was not a neurologic exam showing equivocal signs that might warrant clarification with electrodiagnostic testing. The request for Electromyography of the Right Lower Extremity is not medically necessary.