

Case Number:	CM14-0010662		
Date Assigned:	02/21/2014	Date of Injury:	08/12/2013
Decision Date:	06/04/2015	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	01/27/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Arizona
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 36 year old male, who sustained an industrial injury on 08/12/2013. The injured worker sustained a low back sprain while unloading a pallet. He was diagnosed with acute lumbar sprain. Treatment to date has included oral pain medication, application of heat, home exercise program and physical therapy. In a progress note dated 12/15/2013, the injured worker complained of low back and left leg pain and numbness. Objective findings were notable for local tenderness at the interspinous ligaments at L4-L5 and L5-S1 and moderate residual tenderness over the left sacroiliac joint. A request for authorization of electromyography/nerve conduction studies of the bilateral lower extremities was made.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG of the right lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, (updated 12/27/2013), EMG's (Electromyography).

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

Decision rationale: The California MTUS /ACOEM Practice Guidelines state electromyography, including H reflex test may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 to 4 weeks. In this case, the injured worker has 5/5 motor strength in the bilateral lower extremities. There is subjective numbness in the L5 distribution of the left lower extremity. In the absence of objective evidence of a significant motor or sensory deficit involving the bilateral lower extremities, the current request cannot be determined as medically appropriate. Furthermore, there is no documentation of an exhaustion of conservative management prior to the request for electrodiagnostic testing. Given the above, the request is not medically necessary.

EMG of the left lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, (updated 12/27/2013), EMG's (Electromyography).

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

Decision rationale: The California MTUS /ACOEM Practice Guidelines state electromyography, including H reflex test may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 to 4 weeks. In this case, the injured worker has 5/5 motor strength in the bilateral lower extremities. There is subjective numbness in the L5 distribution of the left lower extremity. In the absence of objective evidence of a significant motor or sensory deficit involving the bilateral lower extremities, the current request cannot be determined as medically appropriate. Furthermore, there is no documentation of an exhaustion of conservative management prior to the request for electrodiagnostic testing. Given the above, the request is not medically necessary.

NCV of the left lower extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back (updated 12/27/2013), Nerve Conduction Studies (NCS).

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

Decision rationale: The California MTUS /ACOEM Practice Guidelines state electromyography, including H reflex test may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 to 4 weeks. In this case, the injured worker has 5/5 motor strength in the bilateral lower extremities. There is subjective numbness in the L5 distribution of the left lower extremity. In the absence of objective evidence

of a significant motor or sensory deficit involving the bilateral lower extremities, the current request cannot be determined as medically appropriate. Furthermore, there is no documentation of an exhaustion of conservative management prior to the request for electrodiagnostic testing. Given the above, the request is not medically necessary.

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