

Case Number:	CM14-0214177		
Date Assigned:	01/07/2015	Date of Injury:	12/29/2008
Decision Date:	02/25/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	12/22/2014

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

Certification(s)/Specialty: Physical Medicine & Rehabn

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 51 year old female with an injury date of 12/29/08. Based on the progress report 11/19/14 provided by treating physician, the patient complains of severe cervical, thoracic, and lumbar pain described as throbbing, burning, and sharp - exacerbated by movement. Patient's lumbar pain is described as radiating down the left leg to the heel. Patient has no surgical history directed at this complaint. Physical examination 11/19/14 of the lumbar spine notes bilateral spasm and tenderness from L1-S1, tenderness to the multifidus and piriformus muscles. Positive straight leg test, Waddel's sign, and Braggard's sign noted bilaterally. The patient is currently prescribed topical Lidocaine/Gabapentin/Ketoprofen, topical Flurbiprofen/Cyclobenzaprine/Baclofen/Lidocaine, and Naprosyn. Diagnostic imaging included MRI dated 08/15/14, significant findings include: "L3-L4 3mm left foraminal disc protrusion resulting in abutment of the exiting L3 nerve root...Posterior annular tear at L4-L5... L5-S1 2mm mid-line disc protrusion..." Patient is temporarily totally disabled. Diagnosis 11/19/14- Cervical disc herniation without myelopathy- Lumbar disc displacement without myelopathy- Thoracic sprain/strainThe utilization review determination being challenged is dated 12/09/14. The rationale is: "MRI had demonstrated pathology at the L3 nerve root, but did not clearly corroborate objective findings of possible S1 radiculopathy... Based on the clinical information submitted for this review... this request has undergone treatment modification for the certification of an EMG of the left lower extremity."Treatment reports were provided from 07/02/14 to 11/19/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCV left lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ,EMG

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 chapter, Electrodiagnostic Studies Lumbar & Thoracic (Acute & Chronic) chapter, Nerve conduction studies (NCS).

Decision rationale: The patient presents with severe cervical, thoracic, and lumbar pain described as throbbing, burning, and sharp - exacerbated by movement. Patient's lumbar pain is described as radiating down the left leg to the heel. Patient has no surgical history directed at this complaint. The request is for NCV left lower extremity. Physical examination 11/19/14 of the lumbar spine notes bilateral spasm and tenderness from L1-S1, tenderness to the multifidus and piriformus muscles. Positive straight leg test, Waddel's sign, and Braggard's sign noted bilaterally. The patient is currently prescribed topical Lidocaine/Gabapentin/Ketoprofen, topical Flurbiprofen/Cyclobenzaprine/Baclofen/Lidocaine, and Naprosyn. Diagnostic imaging included MRI dated 08/15/14. ODG guidelines, EMG/NCS topic, and state: "this testing is recommended depending on indications and EMG and NCS are separate studies and should not necessarily be done together. ODG further states, "...NCS is not recommended, but EMG is recommended as an option (needle, not surface) to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious." In this case, there is no documentation that an NCV has been performed to date. Objective physical findings are consistent with lumbar radiculopathy, and corroborated by MRI findings of disc protrusions at multiple levels with nerve abutment. The patient does have radiating symptoms into the legs but the treater does not provide any documentation with suspicion for peripheral neuropathy. The leg symptoms appear to be coming from the L-spine. No examination findings raise a question of peripheral nerve issues. The request is not medically necessary.