

Case Number:	CM14-0215745		
Date Assigned:	01/05/2015	Date of Injury:	08/12/2009
Decision Date:	02/23/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	12/23/2014

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. 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabn, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 42 year old male sustained a work related injury on 8/12/2009. The mechanism of injury was reported to be injury from cumulative trauma. The current diagnoses are chronic low back pain with radicular features in the left leg and discogenic low back pain. According to the progress report dated 12/9/2014, the injured workers chief complaints were constant, achy low back pain, 6-9/10 on a subjective pain scale. He reported pins and needle pain radiating down the back of his left leg all the way down to his heel. The physical examination of the lumbar spine revealed tenderness in the paraspinal muscles and in the facets on the left. Range of motion is decreased in forward flexion and extension. Straight leg raise is positive on the left causing pain in the left S1 distribution. He currently takes no medications. He previously was taking Ibuprofen, but recently found out that he only has one kidney so he is unable to take it. On this date, the treating physician prescribed left lower extremity EMG/NVS, which is now under review. The EMG/NCS was prescribed specifically to assess for nerve root dysfunction. In addition to the EMG/NCS, the treatment plan included 8 sessions of chiropractic, Gabapentin, and repeat MRI. His last MRI was in 2011, which showed a disc protrusion at L5-S1 central and to the left. In 2011, the injured worker was previously treated with 24 physical therapy sessions and a lumbar epidural injection. When the EMG/NCS was first prescribed work status was full time. On 12/19/2014, Utilization Review had non-certified a prescription for left lower extremity EMG/NVS. The left lower extremity EMG/NVS was non-certified based on lack of documentation of subjective radicular complaints or of neurologic dysfunction on exam. The California MTUS ACOEM Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left lower extremity electromyography: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back-Lumbar & Thoracic (Acute & Chronic), EMGs (electromyography)

Decision rationale: The claimant is more than 5 years status post work-related injury and continues to be treated for chronic radiating left lower extremity pain. In this case, when seen by the requesting provider, physical examination findings included decreased left lower extremity sensation and a positive straight leg raise. The claimant has not had prior electrodiagnostic testing and prior treatments have included medications, physical therapy, and epidural steroid injections. He has not had lumbar spine surgery. He has increasing symptoms and continues to work. A lower extremity EMG (electromyography) is recommended as an option to obtain unequivocal evidence of radiculopathy and in this case was medically necessary.

Left lower extremity nerve conduction study: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation AANEM Recommended Policy for Electrodiagnostic Medicine

Decision rationale: The claimant is more than 5 years status post work-related injury and continues to be treated for chronic radiating left lower extremity pain. In this case, when seen by the requesting provider, physical examination findings included decreased left lower extremity sensation and a positive straight leg raise. The claimant has not had prior electrodiagnostic testing and prior treatments have included medications, physical therapy, and epidural steroid injections. He has not had lumbar spine surgery. He has increasing symptoms and continues to work. A lower extremity EMG was requested and is medically necessary. Guidelines recommend that except in unique circumstances electromyography and nerve conduction studies should be performed together in the same electrodiagnostic evaluation when possible. Therefore, the requested NCS (nerve conduction study) of the left lower extremity was medically necessary.