

Case Number:	CM13-0037413		
Date Assigned:	12/13/2013	Date of Injury:	09/30/2010
Decision Date:	12/12/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	10/23/2013

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 Neurology 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:

The injured worker is a 54 year old male with a reported date of injury of 9/30/2010. The mechanism of injury is not reported, however, the injured worker reports the onset of lower back pain radiating to the left buttock and down the left leg as the date of injury. A physical exam from 9/26/2013 is notable for a positive straight leg raise on the left. The patient also reports a decrease in sensation in the S1 dermatome on the left side. The rest of the neurological examination is reported as normal. Plain film X-rays were obtained of the lumbar spine and with the following reported: A mild loss of disc height at the L2-L3 level. On the anterior and posterior view, there is a slight rotation and tilting of the L5 compared to the S1 and L4. Included in the report is the statement "there are also some radiographic changes on the left side of the facet joint area. It is difficult to assess what the changes are exactly". A previous request for a bilateral electromyography and nerve conduction studies were determined to be not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) of the bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: Per the guidelines in the MTUS regarding the use of EMG for diagnosis of clinically obvious radiculopathy, it is not recommended. In this case, the neurological examination is significant for a sensory change in the S1 dermatome of the left lower extremity. The right lower extremity is reported as normal. Since the sensory loss of the left lower extremity is consistent with an S1 radiculopathy, an EMG and the accompanying nerve conduction study of the bilateral lower extremities is not medically necessary.

Nerve Conduction Velocity (NCV) of the bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: Per the guidelines in the MTUS regarding the use of EMG for diagnosis of clinically obvious radiculopathy, it is not recommended. In this case, the neurological examination is significant for a sensory change in the S1 dermatome of the left lower extremity. The right lower extremity is reported as normal. Since the sensory loss of the left lower extremity is consistent with an S1 radiculopathy, an EMG and the accompanying nerve conduction study of the bilateral lower extremities is not medically necessary.