

Case Number:	CM13-0062458		
Date Assigned:	12/30/2013	Date of Injury:	05/17/2011
Decision Date:	03/27/2015	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/06/2013

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. 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: New Jersey
 Certification(s)/Specialty: Family Practice

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 61-year-old male reported a work-related injury on 05/17/2011. According to the progress notes dated 11/22/13, the injured worker reports tingling in the right leg from the back to the foot and back pain that interferes with sleep. The diagnoses include lumbar disc disease, lumbar spinal stenosis and lumbar radiculopathy. Previous treatments include medications and physical therapy. The treating provider requests EMG/NCS to be done by Dr. [REDACTED]. The Utilization Review on 12/03/2013 non-certified the request for EMG/NCS to be done by Dr. [REDACTED], citing CA MTUS guidelines and ODG recommendations.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG: 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): 303-305.

Decision rationale: The MTUS ACOEM Guidelines state that for lower back complaints, nerve testing may be considered when the neurological examination is less clear for symptoms that last more than 3-4 weeks with conservative therapy. In the case of this worker a previous lower extremity EMG from 2012 suggested L3-4 radiculopathy on the left. There was insufficient evidence to suggest any significant change in the worker's symptom's which would indicate a different diagnosis. Also, recent physical findings did not show any signs of neuropathy (normal sensation, strength, etc.). Therefore, the EMG will be considered medically unnecessary to repeat, based on the findings present in the documentation available for review.

NCS: 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): 303-305.

Decision rationale: The MTUS ACOEM Guidelines state that for lower back complaints, nerve testing may be considered when the neurological examination is less clear for symptoms that last more than 3-4 weeks with conservative therapy. In the case of this worker a previous lower extremity NCV test from 2012 suggested L3-4 radiculopathy on the left. There was insufficient evidence to suggest any significant change in the worker's symptom's which would indicate a different diagnosis. Also, recent physical findings did not show any signs of neuropathy (normal sensation, strength, etc.). Therefore, the NCV test will be considered medically unnecessary to repeat based on the findings present in the documentation available for review.