

Case Number:	CM14-0138936		
Date Assigned:	09/05/2014	Date of Injury:	10/26/2012
Decision Date:	09/24/2015	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	08/27/2014

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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:

The injured worker is a 40 year old male who sustained an industrial injury on 10-26-12. Initial complaints and diagnoses are not available. Treatments to date include medications and aqua therapy. Diagnostic studies are not addressed. Current complaints include lumbar spine pain. Current diagnoses include lumbar spine strain and strain and lumbar spine disc protrusion. In a progress note dated 08-05-14 the treating provider reports the plan of care as medications including Tramadol, Naproxen, and Prilosec, as well as continued aquatic therapy. The requested treatments include electrodiagnostic and nerve conduction studies of the right lower extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG Right Lower Extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM - <https://www.acoempracguides.org/Low Back, Table 2, Summary of Recommendations, Low Back Disorders>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Electrodiagnostic testing (EMG/NCS) and Other Medical Treatment Guidelines AANEM Recommended Policy for Electrodiagnostic Medicine.

Decision rationale: The claimant sustained a work-related injury in October 2012 and is being treated for radiating low back pain. An MRI of the lumbar spine is referenced as showing L4/5 and L5/S1 disc protrusions. When seen, he was having stabbing back pain with numbness. Physical examination findings included positive straight leg raising. There was decreased lumbar range of motion with tenderness. There was sacroiliac joint tenderness. No neurological examination was recorded. Electrodiagnostic testing (EMG/NCS) is generally accepted, well-established and widely used for localizing the source of the neurological symptoms and establishing the diagnosis of focal nerve entrapments or radiculopathy. Criteria include that the testing be medically indicated. In this case, there is no evidence of peripheral nerve compression. There is no documented neurological examination that would support the need for obtaining lower extremity EMG or NCS testing at this time. This request is not medically necessary.

NCV Right Lower Extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM - [https://www.acoempracguides.org/Low Back, Table 2, Summary of Recommendations, Low Back Disorders](https://www.acoempracguides.org/Low%20Back,%20Table%20,%20Summary%20of%20Recommendations,%20Low%20Back%20Disorders).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Electrodiagnostic testing (EMG/NCS) and Other Medical Treatment Guidelines AANEM Recommended Policy for Electrodiagnostic Medicine.

Decision rationale: The claimant sustained a work-related injury in October 2012 and is being treated for radiating low back pain. An MRI of the lumbar spine is referenced as showing L4/5 and L5/S1 disc protrusions. When seen, he was having stabbing back pain with numbness. Physical examination findings included positive straight leg raising. There was decreased lumbar range of motion with tenderness. There was sacroiliac joint tenderness. No neurological examination was recorded. Electrodiagnostic testing (EMG/NCS) is generally accepted, well-established and widely used for localizing the source of the neurological symptoms and establishing the diagnosis of focal nerve entrapments or radiculopathy. Criteria include that the testing be medically indicated. In this case, there is no evidence of peripheral nerve compression. There is no documented neurological examination that would support the need for obtaining lower extremity EMG or NCS testing at this time. This request is not medically necessary.