

Case Number:	CM14-0183733		
Date Assigned:	11/07/2014	Date of Injury:	09/19/2013
Decision Date:	01/15/2015	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/03/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in Colorado. 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 worker is a 54-year-old male injured on September 19th, 2013. MRI scan data reveals herniations at the L4-S1 level. X-rays of the lumbar spine show mild degenerative facet disease at the L5-S1 level. A bilateral lower extremity nerve conduction and EMG study was done on April 21, 2014 which showed no electrodiagnostic evidence of peripheral neuropathy, active or chronic denervation of the musculature, or radiculopathy. The worker's current symptoms include neck, left arm, back, and left leg pain. Physical examination findings on October 6, 2014 include reduced sensation in the lateral left leg. There is a recommendation for epidural steroid injections, EMG and nerve conduction velocity testing, physical therapy, and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right lower extremity electromyography (EMG): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), EMG/NCV

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chapter 12. Low back complaints Page(s): 296.

Decision rationale: There are no documented right lower extremity neurologic symptoms or findings. According to the MTUS, nerve conduction velocity testing (i.e. EMG) is recommended to evaluate lumbosacral radiculopathy within 4-6 weeks in the absence of severe or progressive neurologic symptoms. In this case, there are no documented severe or progressive neurologic symptoms or finding and therefore the request for right lower extremity EMG is not considered medically necessary or appropriate.

Left lower extremity electromyography (EMG): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) EMG/NCV

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chapter 12. Low back complaints Page(s): 296.

Decision rationale: Regarding the workers of left lower extremity symptomology, there is no documented progression of neurologic abnormalities relative to the preceding EMG and nerve conduction study result on April 21, 2014. According to the MTUS, nerve conduction velocity testing (i.e. EMG) is recommended to evaluate lumbosacral radiculopathy within 4-6 weeks in the absence of severe or progressive neurologic symptoms. In this case, there are no documented severe or progressive neurologic symptoms or findings and therefore the request for left lower extremity EMG is not considered medically necessary or appropriate.

Right lower extremity nerve conduction study (NCS): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), EMG/NCV

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chapter 12. Low back complaints Page(s): 296.

Decision rationale: There are no documented right lower extremity neurologic symptoms or findings. According to the MTUS, nerve conduction velocity testing (i.e. EMG) is recommended to evaluate lumbosacral radiculopathy within 4-6 weeks in the absence of severe or progressive neurologic symptoms. In this case, there are no documented severe or progressive neurologic symptoms or findings and therefore the request for right lower extremity nerve conduction studies (NCS) is not considered medically necessary or appropriate.

Left lower extremity nerve conduction study (NCS): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), EMG/NCV.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chapter 12. Low back complaints Page(s): 296.

Decision rationale: Regarding the workers of left lower extremity symptomology, there is no documented progression of neurologic abnormalities relative to the preceding EMG and nerve conduction study result on April 21, 2014. According to the MTUS, nerve conduction velocity testing (i.e. EMG) is recommended to evaluate lumbosacral radiculopathy within 4-6 weeks in the absence of severe or progressive neurologic symptoms. In this case, there are no documented severe or progressive neurologic symptoms or findings and therefore the request for left lower extremity nerve conduction studies is not considered medically necessary or appropriate.