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| Case Number: | CM14-0184914 | | |
| Date Assigned: | 11/12/2014 | Date of Injury: | 12/08/2011 |
| Decision Date: | 01/30/2015 | UR Denial Date: | 10/22/2014 |
| Priority: | Standard | Application Received: | 11/05/2014 |

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 Family Practice, 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:

45 yr. old male claimant sustained a work injury on 12/8/11 involving the low back. He was diagnosed with spinal stenosis and herniated lumbar disc disease with radiculopathy. An MRI of the lumbar spine in August 2013 showed disc bulging and dessication in L4-S1. There was facet arthropathy and right neural effacement of the L5 nerve root. A progress note on 9/2/14 indicated the claimant had persistent back pain. Exam findings were notable for decreased range of motion of the lumbar spine and a positive straight leg raise test on both sides with tenderness to palpation. The physician requested an EMG/NCV of both lower extremities. There was a similar prior request in May 2014 at which time there was some hypoesthesias in the feet.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV Bilateral lower extremities: 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): 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back pain

Decision rationale: Electrodiagnostic studies which must include needle EMG is recommended where a CT or MRI is equivocal and there are ongoing pain complaints that raise questions about whether there may be a neurological compromise that may be identifiable (i.e., leg symptoms consistent with radiculopathy, spinal stenosis, peripheral neuropathy, etc.). Electrodiagnostic studies are not recommended for patients with acute, sub-acute, or chronic back pain who do not have significant leg pain or numbness. According to the ODG, NCV is not recommended. The prior MRIs and the claimant's diagnosed are consistent with the clinical findings. Additional testing does not change course of treatment or prognosis. The request above is not medically necessary.