MAXIMUS Federal Services

Case Number:	CM14-0199216		
Date Assigned:	12/09/2014	Date of Injury:	07/06/2010
Decision Date:	01/21/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	11/26/2014

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:

The patient is a 44 year old warehouse loader who developed low back pain 07/06/2010. The patient has constant low back pain radiating to the left leg, localized to the mid-line posteriorly, aggravated by prolonged sitting, standing, walking, going up and down stairs, lifting, coughing, sneezing, straining with bowel movements and laying down to sleep is uncomfortable. The patient rates his pain as 6 to 10 depending on the activity. The patient also complains of psychological symptoms, insomnia and sexual dysfunction. Past surgical history includes left knee surgery and abdominal surgery both in 2000. MRI 7/24/10 demonstrated an L3-4 mild disc bulge with mild facet arthropathy and ligamentum flavum redundancy. There is a mild degree of spinal stenosis and mild degree of neural foraminal narrowing, left worse than right. The L5-S1 level demonstrated a mild diffuse disc bulge with no significant spinal stenosis. The patient is diagnosed with lumbosacral syndrome with sciatica, decreased range of motion, and tenderness to palpation with positive straight leg raising examination. The patient is status post-surgical fusion 11/2011. Treatments have included Gabapentin, Medrol, over the counter medications, injections, physical therapy, massage, ultrasound, electrical muscle stimulation, and manipulation. IN 2011, he had had an EMG/NCV which showed abnormalities consistent with L5-S1 radiculopathy. Utilization Review dated 11/17/2014 non-certified requested EMG/NCV of bilateral lower extremities as not medically necessary per ODG Low Back Chapter. Reflex testing was normal and history of a preoperative neurological exam and prior EMG testing was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV of bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low back complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back pain and NCV

Decision rationale: According to the guidelines an EMG is not recommended for clinically obvious radiculopathy. Needle EMG are recommended to clarify nerve root dysfunction. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. The claimant had prior MRI, EMG, NCV which were consistent with symptoms and conclusions of radiculopathy at L5-S1. The request for another EMG/NCV is not medically necessary.