

Case Number:	CM14-0203269		
Date Assigned:	12/15/2014	Date of Injury:	03/04/2014
Decision Date:	02/04/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	12/04/2014

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 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:

Injured worker is a male with date of injury 3/4/2014. Per orthopedic re-evaluation dated 10/21/2014, the injured worker complains of pain in the cervical spine, lumbosacral spine, right ankle and right inguinal area. Examination of the lumbar spine is significant for spinous process tenderness from L3 to the sacrum, greatest at the L5-S1 level. There is moderate paraspinal muscle guarding with tenderness. There is moderate guarding of movement. There is negative left sciatic notch tenderness and slight to moderate right sciatic notch tenderness. Lumbar range of motion is flexion 40 degrees, extension 10 degrees, left lateral side bending 15 degrees, right lateral side bending 15 degrees. There is hypesthesia of the entire dorsum of the right foot as well as the anterolateral and posterolateral aspect of the right leg. There is weakness of the right great toe extensor and the right anterior tibialis. There is also slight quadriceps weakness on the right side. Deep tendon reflexes are knees 2+ bilaterally, and ankles 2+ bilaterally. Nerve root tension signs include positive straight leg raising at 65 degrees on the right and 70 degrees on the left, and slightly positive sciatic stretch sign on the right. Diagnoses include 1) cervical strain/sprain syndrome superimposed upon cervical spondylosis 2) thoracic strain/sprain syndrome 3) lumbosacral strain/sprain syndrome superimposed upon degenerative disc disease, lumbosacral spine, multilevel 4) right ankle strain/sprain 5) right inguinal hernia.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV of the left lower extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Nerve conduction studies (NCS) section.

Decision rationale: Per the MTUS Guidelines, EMG may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. The MTUS Guidelines do not specifically address nerve conduction studies of the lower extremities. Per the ODG, nerve conduction studies are not recommended because there is minimal justification of performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. The requesting physician explains that the injured worker does have significant degenerative disease. EMG/NCV is requested for the upper and lower extremities, particularly since he now has significant radiation especially of the right lower extremity. There are no left lower extremity complaints or exam findings to indicate that the EMG/NCV is necessary to identify neurologic dysfunction in the left lower extremity. The request for EMG/NCV of the left lower extremity is determined to not be medically necessary.