

Case Number:	CM15-0001883		
Date Assigned:	01/12/2015	Date of Injury:	07/16/2012
Decision Date:	03/13/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/05/2015

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: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 61-year-old male who reported injury on 07/16/2012. The mechanism of injury was not submitted for review. The injured worker has diagnoses of L5-S1 spondylolisthesis and stenosis, dark disc at L4-5 but good maintenance of disc height, status post previous work related injury in 2008 with a right inguinal hernia and left knee meniscal tear, and status post L4-S1 anterior posterior fusion surgery. Past medical treatment consists of injections, surgery, sympathetic blocks, aquatic therapy, and medication therapy. Medications include Lipitor 20 mg, OxyContin 20 mg, and Lyrica 2 times a day. On 01/07/2015, the injured worker underwent an EMG/NCV of the left lower extremity. On 01/13/2015, the injured worker was seen on follow-up and stated that the swelling in his foot had gone away, but still had pins and needles sensation throughout. The physical examination revealed weakness in the left EHL and tibialis anterior at 4/5. There was some decreased sensation in the left anterior groin region. The left ankle was not swollen. There was a pins and needles sensation throughout the left foot in no specific dermatomal distribution. The treatment plan was for the injured worker to undergo MRI without contrast to rule out nerve impingement. The rationale and Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV of the lower bilateral extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The request for EMG/NCV of the lower bilateral extremities is not medically necessary. The California MTUS/ACOEM Guidelines state that electromyography (EMG), including H-reflex test, may be useful to identify subtle, focal neurological dysfunction in patients with low back symptoms lasting more than 3 to 4 weeks. There should be documentation of 3 to 4 weeks of conservative care and observation. It was noted in the submitted documentation that the injured worker was ongoing with water therapy. However, it did not indicate how many sessions the injured worker has undergone to date. Additionally, it was noted that the injured worker underwent an EMG/NCV of the lower left extremity, which revealed positive probable L5 radiculopathy. There were no other significant factors provided in the report. There was no rationale submitted for review to warrant the request. It is unclear how the provider feels additional EMG/NCV of the lower extremities would be beneficial to the plan of care for the injured worker. Given the above, the request would not be indicated. As such, the request is not medically necessary.