MAXIMUS Federal Services

Case Number:	CM15-0002438		
Date Assigned:	01/13/2015	Date of Injury:	05/21/2002
Decision Date:	03/19/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	01/06/2015

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: Pennsylvania, Ohio, California
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 45 year old female, who sustained an industrial injury on 05/21/2002. She had reported low back injury. The diagnoses have included lumbar spine spondylosis, lumbar spine sciatica, and spinal stenosis. Treatments to date have included self-directed therapy interventions and medications. Diagnostics to date have included lumbar x-rays which showed L5-S1 grade 2 spondylolisthesis appears to be self-fusing anteriorly and Lumbar MRI showed spondylolisthesis L5-S1 grade 2. Currently, the IW complains of increased left leg pain numbness. The physician stated the injured worker has chronic back pain with progressive neurologic loss over the years since her date of injury.On 11/25/2014, the injured worker submitted an application for IMR for review of Electromyography/Nerve conduction studies of Bilateral Lower Extremities. On 12/01/2014, Utilization Review non-certified the above request noting the clinical notations provided in support of the request do not document a prerequisite neurological examination or document any neurological examination findings. The MTUS, ACOEM Guidelines, (or ODG) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCS of the 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): 303.

Decision rationale: ACOEM Guidelines, Chapter 12, Low Back, page 303 states unequivocal neurological findings on exam support an indication for spinal imaging, whereas equivocal findings on neurological examination may support electrodiagnostic testing. Implicit in this guideline is that electrodiagnostic testing should be requested based on a specific neurological exam and neurological differential diagnosis. The medical records in this case do not provide such a rationale for the requested electrodiagnostic study. The treating physician notes state "We are recommending repeat electrodiagnostic study to determine the extent of her nerve conduction deficit; the last one was done ten years ago and the patient continues to experience these symptoms." In this rationale, it is not apparent what the differential diagnosis is for the requested electrodiagnostic study, and particularly it is unclear how this study would alter the patient's clinical treatment plan. Overall, this request is not supported by the treatment guidelines. This request is not medically necessary.