

Case Number:	CM15-0005585		
Date Assigned:	01/26/2015	Date of Injury:	12/21/2012
Decision Date:	03/20/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/12/2015

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

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 33 year old male, who sustained an industrial injury on 12/21/2012. The current diagnoses are lumbago, bilateral SI joint disease, lumbar disc herniation, and lumbar degenerative joint disease. Currently, the injured worker complains of constant pain in the low back that radiates down his legs. The pain is associated with tingling in the legs. Pain is rated 8-9/10 on a subjective pain scale. Per progress note, the injured worker is currently off of medications. Treatment to date has included medications and physical therapy. The treating physician is requesting EMG/NCV of the bilateral lower extremities, which is now under review. On 12/30/2014, Utilization Review had non-certified a request for EMG/NCV of the bilateral lower extremities. The EMG/NCV was modified to EMG. The Official Disability Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCV of the bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, NCS

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back Chapter, Nerve conduction studies;Electrodiagnostic studies (EDS)

Decision rationale: Based on the 12/17/14 progress report provided by treating physician, the patient presents with low back pain rated 8-9/10, that radiates down his legs. The request is for NCV OF THE BILATERAL LOWER EXTREMITIES. Patient's diagnosis on 12/17/14 includes lumbago, bilateral SI joint disease, lumbar disc herniation and lumbar degenerative disc disease. Per treater report dated 06/19/14, the patient may return to modified work.Regarding Nerve conduction studies, ODG guidelines Low Back Chapter, under Nerve conduction studies states, not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. ODG for Electrodiagnostic studies (EDS) states, (NCS) which are not recommended for low back conditions and EMGs (Electromyography) which are recommended as an option for low back.Treater states per progress report dated 12/17/14 that "the patient continues to have pain despite conservative therapy. He described radicular symptoms, although I do not see it on exam. He has not improved and it is getting worse. I would like to get EMG and nerve conduction test to further evaluate. " Per UR letter dated 12/30/14, the request for EMG of the lower extremities was authorized. This request is for the NCV portion which is not recommended per ODG if the patient's radiating symptoms are presumed to be coming from the L-spine. The treater does not raise any other concerns than the patient's L-spine issues and NCV would not be indicated. The request IS NOT medically necessary.