

Case Number:	CM15-0105860		
Date Assigned:	06/10/2015	Date of Injury:	04/26/2013
Decision Date:	07/13/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	06/02/2015

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 49 year old male, who sustained an industrial injury on 04/26/2013. The injured worker reported sustained continuous trauma injuries to the lumbar spine during course of employment; pain was aggravated by lifting accident 04/2013. On provider visit dated 01/12/2015 the injured worker has reported lower back and right knee complains. On examination the thoracic spine revealed decreased range of motion which pain noted. Lumbar spine was noted to have decreased range of motion, with pain as well. Straight leg raise was positive on the right, paraspinal musculature tenderness to palpation was noted. Positive McMurray test was noted on examination of the bilateral knees. The diagnoses have included lumbar spine musculoligamentous sprain/strain with right lower extremity radiculitis and right sacroiliac joint sprain. Treatment to date has included medication and back brace. The provider requested Electromyogram (EMG)/Nerve conduction velocity (NCV) of the bilateral lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyogram (EMG)/Nerve conduction velocity (NCV) of the bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Table 12-8, Electrodiagnostics, page 309.

Decision rationale: There is no correlating neurological deficits defined or conclusive imaging identifying possible neurological compromise. MRI of the lumbar spine had no identified disc herniation, canal or neural foraminal stenosis demonstrated. Per MTUS Guidelines, without specific symptoms or neurological compromise consistent with radiculopathy, foraminal or spinal stenosis, and entrapment neuropathy, medical necessity for EMG and NCV has not been established. Submitted reports have not demonstrated any correlating myotomal/dermatomal clinical findings to suggest any lumbar radiculopathy or entrapment syndrome. The Electromyogram (EMG)/Nerve conduction velocity (NCV) of the bilateral lower extremities is not medically necessary or appropriate.