

Case Number:	CM15-0106023		
Date Assigned:	06/10/2015	Date of Injury:	03/14/2013
Decision Date:	07/13/2015	UR Denial Date:	05/27/2015
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: Emergency Medicine

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 53-year-old female, who sustained an industrial injury on 03/14/2013. She has reported injury to the low back. The diagnoses have included lumbago; sciatica; radiculopathy, L4, L5, and S1; and fracture of the coccyx with chronic symptoms. Treatment to date has included medications, diagnostics, and physical therapy. Medications have included Baclofen and Zolax. A progress report from the treating physician, dated 04/24/2015, documented an evaluation with the injured worker. Currently, the injured worker complains of weakness of the left quad and continued weakness going up and down steps. Objective findings included an MRI (magnetic resonance imaging) revealing significant progression of foraminal stenosis on the left side of the L2-L3 level, and that is going to be affecting the L2 nerve most likely, and possibly the L3 nerve as it is passing through. The treatment plan has included the request for EMG Electromyography (EMG) and 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:

Electromyograph (EMG) and 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): 303. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Electrodiagnostic Studies, EMG/NCV.

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

Decision rationale: The requested Electromyograph (EMG) and nerve conduction velocity (NCV) of the bilateral lower extremities is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 12, Low Back Complaints, page 303, Special Studies and Diagnostic and Treatment Considerations, note "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study." The injured worker has weakness of the left quad and continued weakness going up and down steps. Objective findings included an MRI (magnetic resonance imaging) revealing significant progression of foraminal stenosis on the left side of the L2-L3 level, and that is going to be affecting the L2 nerve most likely, and possibly the L3 nerve as it is passing through. The treating physician has not documented physical exam findings indicative of nerve compromise such as a positive straight leg raising test, Spurling test or deficits in dermatomal sensation, reflexes or muscle strength. The criteria noted above not having been met, Electromyograph (EMG) and nerve conduction velocity (NCV) of the bilateral lower extremities is not medically necessary.