

Case Number:	CM15-0109050		
Date Assigned:	06/15/2015	Date of Injury:	08/11/2009
Decision Date:	07/14/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/05/2015

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

Certification(s)/Specialty: Family Practice

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 50 year old female, who sustained an industrial injury on 8/11/2009. Diagnoses have included lumbar disc displacement without myelopathy, lumbar radiculopathy, cervical sprain/strain and lumbar sprain/strain. Treatment to date has included surgery, transforaminal nerve root injection and medication. According to the progress report dated 4/22/2015, the injured worker complained of residual right sided leg pain. Examination revealed instability and tenderness over the peroneal tendons. Authorization was requested for electromyography (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:

EMG/NCV of The BLE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): Table 12-8/Summary of Evidence and Recommendations.

Decision rationale: The MTUS/ACOEM Guidelines comment on the use of electrodiagnostic studies for the evaluation of patients with low back complaints. EMGs are not recommended for clinically obvious radiculopathy (Level of Evidence = D). EMGs and H-Reflex tests are recommended to clarify nerve root dysfunction. In this case, the records indicate that the patient has persistent right sided symptoms and has imaging studies consistent with examination findings. However, there is no evidence of left lower extremity symptoms. There is no rationale for bilateral EMG testing in this case, based on the above cited MTUS/ACOEM guidelines. Further, these guidelines do not support the need for nerve conduction studies for low back complaints. For these reasons, bilateral EMG/NCV of the lower extremities is not considered as medically necessary.