

Case Number:	CM15-0136614		
Date Assigned:	07/24/2015	Date of Injury:	10/31/2006
Decision Date:	08/31/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	07/14/2015

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, North Carolina
 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 40 year old male who sustained an industrial/work injury on 10/31/06. He reported an initial complaint of low back pain radiating into legs. The injured worker was diagnosed as having musculoligamentous sprain lumbar spine with lower extremity radiculitis and disc bulges, herniation, and osteophyte complexes. Treatment to date includes medication and diagnostics. MRI results were reported on 2/9/09 and 4/2/15. Currently, the injured worker complained of low back pain rated 7/10 with stiffness and tightness and radiating pain into legs, (R>L). Per the primary physician's report (PR-2) on 5/20/15, exam notes tenderness over the posterior superior iliac spines, bilaterally. The requested treatments include EMG/NCS (electromyography/nerve conduction testing) bilateral lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCS Bilateral Lower Extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to CA MTUS/ACOEM Guidelines, the use of EMG is supported to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3-4 weeks. In this case, the patient complains of chronic low back pain radiating to both legs. Physical exam is positive only for tenderness over the posterior superior iliac spines. There is no complete neurologic exam that established the presence of a focal neurologic deficit to warrant an EMG. Physical exam was also not consistent with a peripheral neuropathy to warrant an NCV. Based on the chronic nature of the patient's symptoms and no evidence of significant change, EMG/NCV does not appear to be medically necessary or appropriate.