MAXIMUS Federal Services

Case Number:	CM15-0138617		
Date Assigned:	07/28/2015	Date of Injury:	09/04/1996
Decision Date:	08/26/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	07/17/2015

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 65 year old male who sustained an industrial injury on September 4, 1996. He has reported pain in the low back, bilateral hips, and bilateral lower extremities and has been diagnosed with low back pain, pain in the lumbar spine, status post lumbar laminectomy, Radiculopathy of lumbar region, and degenerative disc disease lumbar. Treatment has included medications, surgery, and physical therapy. There was tenderness of the lumbar spine. There was pain in the lumbar region while flexing anteriorly. There was pain with lumbar extension. Left lateral flexion revealed pain. Right lateral flexion revealed pain. Patrick's test was positive bilaterally. The treatment plan included medications. The treatment request included NCV of the left lower extremity and hip and EMG of the left lower extremity and hip.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG for the Left Lower Extremity/Hip: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

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

Decision rationale: The requested EMG for the Left Lower Extremity/Hip 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 pain in the low back, bilateral hips, and bilateral lower extremities and has been diagnosed with low back pain, pain in the lumbar spine, status post lumbar laminectomy, Radiculopathy of lumbar region, and degenerative disc disease lumbar. Treatment has included medications, surgery, and physical therapy. There was tenderness of the lumbar spine. There was pain in the lumbar region while flexing anteriorly. There was pain with lumbar extension. Left lateral flexion revealed pain. Right lateral flexion revealed pain. Patrick's test was positive bilaterally. The treating physician has not documented physical exam findings indicative of nerve compromise such as a positive straight leg-raising test or deficits in dermatomal sensation, reflexes or muscle strength. The treating physician has not documented an acute clinical change since the date of previous electro diagnostic testing. The criteria noted above not having been met, EMG for the left lower extremity/hip is not medically necessary.

NCV for the Left Lower Extremity/Hip: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The requested NCV for the left lower extremity/hip 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 pain in the low back, bilateral hips, and bilateral lower extremities and has been diagnosed with low back pain, pain in the lumbar spine, status post lumbar laminectomy, radiculopathy of lumbar region, and degenerative disc disease lumbar. Treatment has included medications, surgery, and physical therapy. There was tenderness of the lumbar spine. There was pain in the lumbar region while flexing anteriorly. There was pain with lumbar extension. Left lateral flexion revealed pain. Right lateral flexion revealed pain. Patrick's test was positive bilaterally. The treating physician has not documented physical exam findings indicative of nerve compromise such as a positive

straight leg raising test or deficits in dermatomal sensation, reflexes or muscle strength. The treating physician has not documented an acute clinical change since the date of previous electrodiagnostic testing. The criteria noted above not having been met, NCV for the left lower extremity/hip is not medically necessary.