

Case Number:	CM15-0139102		
Date Assigned:	07/29/2015	Date of Injury:	09/03/2010
Decision Date:	09/02/2015	UR Denial Date:	06/18/2015
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: Texas, 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 diagnoses have included chronic pain syndrome, discogenic lumbar condition with facet inflammation, lumbar radiculopathy, headaches, depression, sleep disorder and stress. Per the physician progress note dated 6/9/15, she had complains of persistent neck and low back pain. She uses a cane to ambulate and using transcutaneous electrical nerve stimulation (TENS) to reduce the symptoms. She had low back pain and left lower extremity (LLE) pain. She also had spasms and stiffness and problems with sleeping. The objective findings revealed tenderness of the lumbar spine and along the facets and pain with facet loading; positive straight leg raising at 60 degrees on the left. The medications list includes Norco, norflex, Tramadol, gabapentin, Lidoderm patch and naproxen. She has undergone right hand surgery. She has had multiple diagnostic testing including electromyography (EMG)/ nerve conduction velocity studies (NCV) of the lower extremities dated 7/20/2011 which revealed non-specific disorder of left L5 nerve root; lumbar MRI dated 5/2/2012 which revealed protrusion at L4-5. Treatment to date has included medications, diagnostics, activity modifications, physical therapy, home exercise program (HEP), transcutaneous electrical nerve stimulation (TENS) and other modalities. The physician noted that requested treatment included Electromyography (EMG) and nerve conduction velocity (NCV) of bilateral lower extremities to evaluate for nerve root impingement due to persistent leg pain with numbness and tingling and positive straight leg raise at 60 degrees on exam.

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 bilateral lower extremities: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

Decision rationale: Electromyograph (EMG) and nerve conduction velocity (NCV) of bilateral lower extremities. Per ACOEM chapter 12 guidelines, "Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks." Per the records provided patient had low back pain and left lower extremity (LLE) pain. She also had spasms and stiffness and problems with sleeping. The objective findings revealed tenderness of the lumbar spine and along the facets and pain with facet loading; positive straight leg raising at 60 degrees on the left. Patient had electromyography (EMG)/ nerve conduction velocity studies (NCV) of the lower extremities dated 7/20/2011, which revealed non-specific disorder of left L5 nerve root. Significant changes in the patient's condition since this diagnostic study that would require a repeat EMG/NCS is not specified in the records provided. In addition, per the cited guidelines, "For most patients presenting with true hand and wrist problems, special studies are not needed until after a four- to six-week period of conservative care and observation. Most patients improve quickly, provided red flag conditions are ruled out." Failure to previous conservative therapy including physical therapy visits is not specified in the records provided. The medical necessity for Electromyograph (EMG) and nerve conduction velocity (NCV) of bilateral lower extremities is not fully established for this patient at this time.