

Case Number:	CM15-0139794		
Date Assigned:	07/29/2015	Date of Injury:	11/25/1999
Decision Date:	08/27/2015	UR Denial Date:	07/09/2015
Priority:	Standard	Application Received:	07/20/2015

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 55 year old male who sustained a work related injury November 25, 1999. According to a doctor's first report, dated June 18, 2015, the injured worker reported during the course of employment as a laborer, he sustained low back injuries. He underwent lumbar surgery L4-L5 and L5-S1 in 2001 and 2002. He now complains of constant lumbosacral pain, rated 4-6 out of 10 with radiation to both legs, left greater than right, associated with burning, throbbing and numbness. On examination of the lumbar spine there is tenderness to palpation supraspinous ligament, paravertebral musculature, and bilateral sacroiliac joint and bilateral sciatic notch. The straight leg raise is positive bilaterally, and Kemp's, Patrick-Fabere are positive. He is unable to squat with decreased sensation L2, L3 dermatome. Diagnoses are cumulative trauma due to repetitive motion; status post lumbar surgery; lumbar radiculopathy. Treatment plan included; CT of the lumbar spine, pharmacy consultation with pain management, and at issue, and the request for authorization for EMG-NCV (electromyography-nerve conduction velocity) studies of the 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 lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic) EMG.

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

Decision rationale: The requested EMG/NCV of the 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 constant lumbosacral pain, rated 4-6 out of 10 with radiation to both legs, left greater than right, associated with burning, throbbing and numbness. On examination of the lumbar spine, there is tenderness to palpation supraspinous ligament, paravertebral musculature, and bilateral sacroiliac joint and bilateral sciatic notch. The straight leg raise is positive bilaterally, and Kemp's, Patrick-Fabere are positive. He is unable to squat with decreased sensation L2, L3 dermatome. The treating physician has not documented how this test will change the clinical course, as radiculopathy is well documented on physical exam. The criteria noted above not having been met, EMG/NCV of the lower extremities is not medically necessary.