MAXIMUS Federal Services

Case Number:	CM15-0142424		
Date Assigned:	08/05/2015	Date of Injury:	01/07/2013
Decision Date:	09/02/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/22/2015

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 27 year old female, who sustained an industrial injury on 01-07-2013 secondary to lifting resulting in back and right leg pain. On provider visit dated 06-11-2015 the injured worker has reported ongoing low back and right leg pain. On examination the right lower extremity was noted to sensory hypoesthesia over first toe dorsum and volar plantar aspect, reflexes show slight hyperreflexia with right ankle reflex compared to the left. There was note myelopathy noted. The diagnoses have included chronic lo back and right leg pain. Treatment to date has included epidural steroid injections, physical therapy, chiropractic therapy, acupuncture, and medication. The injured worker was noted to be working on modified duty. The provider requested electromyogram of right lower extremity and nerve conduction velocity of right lower extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG of right lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. 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 EMG of right lower extremity, 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 chronic low back and right leg pain. The treating physician has documented sensory hypoesthesia over first toe dorsum and volar plantar aspect, reflexes show slight hyperreflexia with right ankle reflex compared to the left. The treating physician has not documented the medical necessity for this electrodiagnostic testing as radiculopathy is well documented, and there is insufficient evidence as to how this testing will alter treatment. The criteria noted above not having been met, EMG of right lower extremity is not medically necessary.

NCV of right lower extremity: 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 of right lower extremity, 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 chronic low back and right leg pain. The treating physician has documented sensory hypoesthesia over first toe dorsum and volar plantar aspect, reflexes show slight hyperreflexia with right ankle reflex compared to the left. The treating physician has not documented the medical necessity for this electrodiagnostic testing as radiculopathy is well documented, and there is insufficient evidence as to how this testing will alter treatment. The criteria noted above not having been met, NCV of right lower extremity is not medically necessary.