

Case Number:	CM15-0142446		
Date Assigned:	08/03/2015	Date of Injury:	10/09/2014
Decision Date:	08/31/2015	UR Denial Date:	07/20/2015
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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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(n) 37 year old male, who sustained an industrial injury on 10-9-14. He reported pain in his lower back and left knees. The injured worker was diagnosed as having lumbar herniated nucleus pulposus with bilateral lower extremity radiculopathy and left knee internal derangement. Treatment to date has included a lumbar MRI on 11-17-14 showing a disc extrusion at L4-L5, physical therapy, chiropractic treatments, Tylenol #4, Meloxicam and Omeprazole. As of the PR2 dated 6-10-15, the injured worker reports worsening lower back pain that radiates down to both lower extremities. He rates his pain an 8 out of 10. Objective findings include decreased lumbar range of motion and a positive straight leg raise test in the sitting position at 60 degrees. The treating physician requested an EMG of the bilateral lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 EMG bilateral lower extremities: 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), Low back (Electrodiagnostic studies).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic), EMGs (electromyography).

Decision rationale: The claimant sustained a work-related injury in October 2014 and is being treated for radiating low back pain. An MRI of the lumbar spine in November 2014 included findings of moderate to severe left lateral recess stenosis with L5 and S1 nerve compression with a large left lateralized L4-5 disc extrusion. When seen, he was in mild to moderate distress. There was lumbar spine tenderness with trigger points and muscle rigidity. There was decreased range of motion with muscle guarding. Straight leg raising was positive and there was decreased lower extremity strength. Electromyography (EMG) testing is recommended as an option and may be useful to obtain unequivocal evidence of radiculopathy. However, as in this case, electromyography is not necessary if radiculopathy is already clinically obvious.