

Case Number:	CM15-0142469		
Date Assigned:	08/03/2015	Date of Injury:	09/26/2013
Decision Date:	09/03/2015	UR Denial Date:	07/08/2015
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, North Carolina
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 injured worker is a 30 year old male who sustained an industrial injury on 09-26-13. Initial complaints and diagnoses are not available. Treatments to date include medications, chiropractic care, and a lumbar epidural steroid injection. Diagnostic studies include a MRI of the lumbar spine on 02-09-15 which showed a posterior disc protrusion posterior disc bulge at L4-5. Current complaints include severe back pain and bilateral leg pain. Current diagnoses include lumbar spine facet disease and degenerative disc disease. In a progress note dated 03-31-15 the treating provider reports the plan of care as medications including Norco, Anaprox, and Prilosec, home exercise program, lumbar spine corset, and a spinal fusion at L4-5, as well as Toradol injection given in in the office. The requested treatment includes bilateral lower extremity electrodiagnostic and nerve conduction studies.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG)/Nerve conduction velocity (NCV) of bilateral lower extremities:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 13th Edition (Web), 2015, Low Back Chapter, EMG and NCVs.

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

Decision rationale: CA MTUS states that EMG may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms greater than 3-4 weeks. However EMG is not necessary if a radiculopathy is already clinically obvious. NCV are not recommended. In this case, the patient has a diagnosis of a long-standing radiculopathy which is corroborated with physical exam findings and MRI showing evidence of nerve root compression. There has been no recent change in the patient's condition. Therefore the request for EMG/NCV is not medically necessary or appropriate.