

Case Number:	CM15-0147989		
Date Assigned:	08/11/2015	Date of Injury:	05/05/2015
Decision Date:	09/10/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/30/2015

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: Georgia, California, Texas

Certification(s)/Specialty: Preventive Medicine, Occupational 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 29 year old male, who sustained an industrial injury on 5-05-2015. Diagnoses include lumbar radiculitis and suspect disc disease. Treatment to date has included diagnostics and medications. Per the Doctors First Report of Occupational Injury or Illness dated 6-17-2015, the injured worker reported low back pain with bilateral leg numbness and weakness. Physical examination revealed tenderness of the lumbar spine with flexion of 75 degrees and positive straight leg raise on the left. The plan of care included diagnostic testing and authorization was requested for EMG (electromyography)/NCV (nerve conduction studies) 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:

EMG/NCV of the bilateral lower extremities: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, 309. Decision based on Non-MTUS Citation ODG Low Back - Lumbar & Thoracic (Acute & Chronic, updated 07/17/15), Nerve conduction studies (NCS).

Decision rationale: ACOEM's Occupational Medicine Practice Guidelines 2004 edition Ch. 12 (Low Back Complaints, p. 303) states, "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." Table 12-8. Summary of Recommendations for Evaluating and Managing Low Back Complaints, states: If no improvement after 1 month, consider: Needle EMG and H-reflex tests to clarify nerve root dysfunction (C) ACOEM Guidelines are silent concerning nerve conduction velocity (NCV) studies for low back complaints. Official Disability Guidelines supports the use of electromyography to obtain unequivocal evidence of radiculopathy, but notes that there is "minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy." Based upon history of low back injury with lower extremity symptoms of greater than 1-month duration, performance of EMG studies is consistent with MTUS recommendations. However, no rationale is documented which would support performance of nerve conduction studies in this case. Therefore, this request for lower extremity EMG/NCV studies is not medically necessary.