

Case Number:	CM15-0164035		
Date Assigned:	09/01/2015	Date of Injury:	06/25/2009
Decision Date:	10/20/2015	UR Denial Date:	07/24/2015
Priority:	Standard	Application Received:	08/20/2015

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, 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 65 year old male who sustained an industrial injury on 6-25-2009. He has reported low back pain, spasms, and stiffness and has been diagnosed with discogenic lumbar condition from L2 through S1 and chronic pain syndrome with associated element of sleep, stress, depression, and anxiety, sexual dysfunction, and GERD. Treatment has included medications that included trazodone, Neurontin, Protonix, Flexeril, Ativan, Valium and NSAIDs. The records indicate that a previous EMG had showed bilateral S1 radiculopathy. A lumbar spine MRI showed multilevel disc disease and facet arthropathy. There was tenderness across lumbar paraspinal muscles. There was pain along facets and pain with facet loading. The treatment and diagnostic plans included medications, MRI and EMG studies. The treatment request included EMG-NCV of bilateral lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG left lower extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Low Back, EMG/NCV studies.

Decision rationale: The CA MTUS and the ODG guidelines recommend that EMG studies can be utilized for the evaluation of lumbar radiculopathy when clinical examination and radiological tests are inconclusive. The guidelines also noted that specialized tests such as EMG studies can be beneficial for the evaluation of suspected red flag conditions with unexplained neurological deficits. The records indicate that the patient had previously completed EMG tests that showed bilateral S1 radiculopathy. There are no recent subjective or objective findings that indicate deterioration of the lumbar and lower extremities neurological status. There is no indication that the EMG studies are part of a comprehensive pre-surgical evaluation for neurosurgical planning. The criteria for EMG studies of the left lower extremity was not met. Therefore, the request is not medically necessary.

NCV right lower extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Low Back, EMG/NCV studies.

Decision rationale: The CA MTUS and the ODG guidelines recommend that NCV studies can be utilized for the evaluation of lumbar radiculopathy when clinical examination and radiological tests are inconclusive. The guidelines also noted that specialized tests such as NCV studies can be beneficial for the evaluation of suspected red flag conditions with unexplained neurological deficits. The records indicate that the patient had previously completed EMG tests that showed bilateral S1 radiculopathy. There are no recent subjective or objective findings that indicate deterioration of the lumbar and lower extremities neurological status. There is no indication that the NCV studies are part of a comprehensive pre-surgical evaluation for neurosurgical planning. The criteria for NCV studies of the right lower extremity was not met. Therefore, the request is not medically necessary.

NCV left lower extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Low Back, EMG/NCV studies.

Decision rationale: The CA MTUS and the ODG guidelines recommend that NCV studies can be utilized for the evaluation of lumbar radiculopathy when clinical examination and

radiological tests are inconclusive. The guidelines also noted that specialized tests such as NCV studies can be beneficial for the evaluation of suspected red flag conditions with unexplained neurological deficits. The records indicate that the patient had previously completed EMG tests that showed bilateral S1 radiculopathy. There are no recent subjective or objective findings that indicate deterioration of the lumbar and lower extremities neurological status. There is no indication that the NCV studies are part of a comprehensive pre-surgical evaluation for neurosurgical planning. The criteria for NCV studies of the left lower extremity was not met. Therefore, the request is not medically necessary.

EMG right lower extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Low Back, EMG/NCV studies.

Decision rationale: The CA MTUS and the ODG guidelines recommend that EMG studies can be utilized for the evaluation of lumbar radiculopathy when clinical examination and radiological tests are inconclusive. The guidelines also noted that specialized tests such as EMG studies can be beneficial for the evaluation of suspected red flag conditions with unexplained neurological deficits. The records indicate that the patient had previously completed EMG tests that showed bilateral S1 radiculopathy. There are no recent subjective or objective findings that indicate deterioration of the lumbar and lower extremities neurological status. There is no indication that the EMG studies are part of a comprehensive pre-surgical evaluation for neurosurgical planning. The criteria for EMG studies of the right lower extremity was not met. Therefore, the request is not medically necessary.