

Case Number:	CM15-0166432		
Date Assigned:	09/04/2015	Date of Injury:	03/03/2015
Decision Date:	10/06/2015	UR Denial Date:	07/25/2015
Priority:	Standard	Application Received:	08/24/2015

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: 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 44 year old male, who sustained an industrial injury on March 3, 2015, incurring neck, low back and left knee injuries from a motor vehicle accident. He was diagnosed with head trauma, cervical, lumbar and bilateral knees sprain. Treatment included pain medications, muscle relaxants, anti-inflammatory drugs, topical analgesic gel, and physical therapy and activity modifications. Currently, the injured worker complained of persistent low back pain with worsening radiating pain to the right leg and calf, and left knee upon ambulation. He noted increased bilateral knee pain and tenderness. X rays were unremarkable. The injured worker complained of continuous low back pain with numbness, tingling and weakness in both legs, radiating to the tailbone, both hips and both legs. The pain was aggravated by bending, twisting, lifting and prolonged standing, sitting and driving. The treatment plan that was requested for authorization included Electromyography of the bilateral lower extremities secondary to a lumbar sprain. A lumbar MRI was requested and authorized, results are pending. No physical exam finding supported a peripheral nerve entrapment.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG of the bilateral lower extremities secondary to lumbar sprain: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back/Nerve conduction studies.

Decision rationale: MTUS Guidelines support EMG testing of the lower extremities if there are persistent neurological changes not well defined by other means. ODG Guidelines have additional specificity on this issue and state that nerve conduction studies are not generally necessary for a diagnosis of radiculopathy and the requesting physician has not provided any evidence supporting a peripheral nerve entrapment or generalized neuropathy. With the results of the MRI, pending the medical necessity of both lower extremity EMG and NCV studies is not supported by Guidelines and is not medically necessary. Pending MRI results and a more detailed neurological assessment, the requesting testing can be resubmitted and re-reviewed.