

Case Number:	CM15-0166981		
Date Assigned:	08/27/2015	Date of Injury:	05/25/2015
Decision Date:	09/30/2015	UR Denial Date:	07/22/2015
Priority:	Standard	Application Received:	08/25/2015

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: Indiana, Michigan, California
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 34 year old male who experienced a work related injury on May 25, 2015. Diagnoses include cervical disc herniation without myelopathy, thoracic and lumbar disc displacement without myelopathy and sciatica. MRI of the lumbosacral spine on June 17, 2015 revealed disc bulging and neural foraminal stenosis. Treatment involved physical therapy, chiropractic care and medications. Request is for electromyography and nerve conduction velocity testing 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 (Electromyography)/ NCV (Nerve Conduction Velocity) studies of bilateral lower extremities: Overturned

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, 304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, EMG, NCV.

Decision rationale: Following the work related injury, the injured worker experienced paresthesia and radicular symptoms. Imaging was completed with an MRI of the lumbosacral spine on June 17, 2015. MTUS specifies that relying solely on imaging studies to evaluate the source of the low back pain and related symptoms carries a significant risk of diagnostic confusion. Also, electromyography may be useful to identify subtle, focal neurologic dysfunction. ODG states that electromyography may be useful to obtain unequivocal evidence of radiculopathy. Therefore, the request for electromyography and nerve conduction velocity testing is medically necessary and appropriate.