

Case Number:	CM15-0167546		
Date Assigned:	09/08/2015	Date of Injury:	07/07/2010
Decision Date:	10/07/2015	UR Denial Date:	07/29/2015
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: 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 63 year old female, who sustained an industrial injury on 7-7-10. He reported initial complaint was of his neck and back. The injured worker was diagnosed as having a lumbar spine hernia; status post bilateral total knees; stress. Treatment to date has included physical therapy; medications. Currently, the PR-2 notes dated 7-15-15 indicate the injured worker presents with complaints of increased pain in the lumbar spine and decreased function of range of motion of the lumbar spine. She complains of sharp pain in the lumbar spine associated with radiation of pain and numbness and weakness. She states the pain is increased with prolonged standing and sitting and has gotten worse. She rates her pain as 8-9 out of 10 on the pain scale and complains of numb sensation in the bilateral knees. She also reports complaints of depression and stress. There is tenderness and spasm noted upon palpation if the lumbar spine, range of motion of the lumbar spine is flexion 40 degrees, extension 15 degrees, left lateral flexion 20 degrees, right lateral flexion 20 degrees, left and right rotation 15 degrees. She has positive straight leg raise greater on the right with tenderness noted upon palpation of the bilateral knees. The provider is requesting authorization of EMG/NCV 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): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Electrodiagnostic studies (EDS).

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

Decision rationale: The ACOEM chapters on low back complaints and the need for lower extremity EMG/NCV states: Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computer tomography [CT] for bony structures). 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. There are unequivocal objective findings of nerve compromise on the neurologic exam provided for review. However there is not mention of surgical consideration. There are no unclear neurologic findings on exam. For these reasons, criteria for lower extremity EMG/NCV have not been met as set forth in the ACOEM. Therefore the request is not certified. Therefore, the requested treatment is not medically necessary.