

Case Number:	CM15-0168737		
Date Assigned:	09/09/2015	Date of Injury:	06/07/2014
Decision Date:	10/08/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	08/27/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 45 year old male, who sustained an industrial injury on 6-7-14. The injured worker was diagnosed as having moderate disc herniation at L4-L5 with moderate left neuroforaminal stenosis and moderate disc herniation at L5-S1 with moderate right neuroforaminal stenosis. The physical exam (12-19-14 through 4-13-15) revealed a positive straight leg raise test on the right, decreased lumbar flexion and extension and intact sensory to touch and pinprick in all dermatomes in the bilateral lower extremities. The pain was rated 8-9 out of 10. Treatment to date has included lumbar epidurals, a home exercise program, Tramadol, Lyrica and Tylenol #3. As of the PR2 dated 8-4-15, the injured worker reports ongoing lower back pain with radiation to the bilateral lower extremities. The treating physician noted normal sensation testing in the L1-S1 dermatomes. The treating physician requested an EMG-NCV of the bilateral lower extremities. On 8-4-15, the treating physician requested a Utilization Review of an 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 bilateral lower extremities: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back - Nerve conduction studies (NCS).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic), EMGs (electromyography) and Other Medical Treatment Guidelines AANEM Recommended Policy for Electrodiagnostic Medicine.

Decision rationale: The claimant sustained a work injury in June 2014 and is being treated for radiating low back pain. Treatments have included physical therapy, acupuncture, chiropractic treatments, medications, and epidural injections. An MRI of the lumbar spine in July 2014 included findings of left lateralized L4-5 and right lateralized L5-S1 disc protrusions with moderate foraminal stenosis. When seen, he was having ongoing back pain radiating to the lower extremities. He was having progressively worsening numbness and tingling and was having weakness. Physical examination findings included a normal detailed neurological examination. Authorization for lower extremity electrodiagnostic testing was requested. Electromyography (EMG) testing is recommended as an option and may be useful to obtain unequivocal evidence of radiculopathy. In this case, the claimant has imaging findings consistent with radiculopathy but has not responded to conservative treatments and has a normal neurological examination. There is a discrepancy between imaging findings and clinical examination and surgery is being considered. Guidelines recommend that except in unique circumstances electromyography and nerve conduction studies should be performed together in the same electrodiagnostic evaluation when possible. There are bilateral radicular complaints and bilateral findings by imaging. The requested EMG/NCS of the lower extremities was medically necessary.