

Case Number:	CM15-0169307		
Date Assigned:	09/10/2015	Date of Injury:	02/10/2010
Decision Date:	10/13/2015	UR Denial Date:	08/26/2015
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: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 69-year-old female, who sustained an industrial injury on 2-10-10. She reported low back pain radiating to the left foot after lifting a cardboard box. The injured worker was diagnosed as having chronic lumbar discogenic pain, chronic left lumbar radicular syndrome with progressive weakness, disc protrusion at L4-5 and L5-S1, and gait dysfunction. Treatment to date has included physical therapy and medication. Physical examination findings on 8-17-15 included antalgic gait. Lumbar range of motion was unrestricted with no pain reported. No evidence of radiating pain to the lower extremities with lumbar motion was noted. No tenderness with palpation was noted. A straight leg raise test was positive on the left. Currently, the injured worker complains of left leg numbness with weakness rated as 6 of 10. On 8-17-15, the treating physician requested authorization for an outpatient electromyogram and nerve conduction studies for the left lower extremity. On 8-26-15, the request was non-certified; the utilization review physician noted "medical necessity is not established in the presented documentation, the physical findings are consistent with the previous study."

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient EMG/NCV left lower extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS 2010 Revision, Web Edition.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

Decision rationale: Per ACOEM, electromyography (EMG), and nerve conduction velocities (NCV) may help identify subtle focal neurologic dysfunction in patients with low back symptoms, or both, lasting more than three or four weeks. They can identify low back pathology in disc protrusion. There are no red flags on physical exam to warrant further imaging, testing or referrals. The records do not support the medical necessity for an EMG/NCV of the left lower extremity.