

Case Number:	CM15-0185787		
Date Assigned:	09/28/2015	Date of Injury:	05/15/2014
Decision Date:	11/10/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	09/21/2015

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: 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 59 year old male who sustained an industrial injury on 5-15-14. A review of the medical records indicates he is undergoing treatment for back pain, benign prostatic hypertrophy, degenerative disc disease of the lumbar spine, lesion of the lumbar spine, degenerative joint disease of the lumbar spine, metastasis, lumbar facet arthropathy, degenerative joint disease of the thoracic spine, herniated nucleus pulposus, spinal stenosis, and radiculopathy. Medical records (7-14-15 to 8-7-15) indicate complaints of lower back pain bilaterally with left side being "more numb" and radiating to both hops. He complains of numbness and tingling of the left leg to the toes and across the top of the foot. The physical exam (8-7-15) reveals no abnormalities. The physical exam on 7-14-15 reveals mild to moderate paraspinal muscle spasms and "flattened lordosis" of the lumbar spine. Range of motion of the lumbar spine was limited due to discomfort. Diagnostic studies have included EMG-NCV on 10-9-14, MRI of the lumbar spine on 6-30-15, and an MRI of the lumbar spine with contrast on 7-7-15. The records also indicate that he has undergone a bone scan and PET scan. Treatment recommendations on 7-14-15 were for a Medial Branch Block at L3-L4 and L4-L5. The injured worker is currently working on modified duty. The treating provider on 8-7-15 indicates that "there is progression of the numbness now into the dorsum and medial aspect of both feet". An EMG-NCV of bilateral lower extremities was recommended. The utilization review (8-21-15) indicates that the request is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCS bilateral lower extremities for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

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

Decision rationale: According to ACOEM guidelines, 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. In this case, the injured worker has previously undergone electrodiagnostic studies and the current examination findings are not consistent with radiculopathy or peripheral neuropathy in the lower extremities. The request for EMG/NCS bilateral lower extremities for the lumbar spine is not medically necessary and appropriate.