

Case Number:	CM15-0185867		
Date Assigned:	09/28/2015	Date of Injury:	09/16/2004
Decision Date:	11/06/2015	UR Denial Date:	08/31/2015
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: Preventive Medicine, Occupational 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 66 year old female with an industrial injury dated 09-16-2004. A review of the medical records indicates that the injured worker is undergoing treatment for low back pain. According to the progress note dated 8-12-2015, the injured worker reported worsening left leg pain, "especially after travelling." Objective findings (06-24-2015 to 08-12-2015) revealed positive tenderness over lumbar spine with limited lumbar range of motion due to pain, and positive straight leg raises in left lower extremity. The treating physician reported that the injured worker had a Magnetic Resonance Imaging (MRI) which revealed stenosis and Electromyography (EMG) which revealed radiculopathy. There were no electrodiagnostic report submitted for review. Treatment has included diagnostic studies, prescribed medications, epidural injections, and periodic follow up visits. The injured worker is permanent and stationary. The treatment plan consisted of transforaminal epidural steroid injection (ESI), medication management and diagnostic testing. The treating physician prescribed services for repeat electromyography (EMG) & nerve conduction studies (NCS) of the bilateral lower extremities. The utilization review dated 08-31-2015, denied the request for repeat electromyography (EMG) & nerve conduction studies (NCS) 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:

Repeat EMG/NCS of the bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, and Knee Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, NCS.

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

Decision rationale: Per the MTUS Guidelines, EMG may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. In this case, the injured worker had already had a bilateral lower extremity EMG that confirmed radiculopathy. A repeat EMG/NCS is not warranted in this case. The request for repeat EMG/NCS of the bilateral lower extremities is not medically necessary.