

Case Number:	CM15-0186855		
Date Assigned:	09/28/2015	Date of Injury:	07/11/2007
Decision Date:	11/06/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	09/22/2015

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: Montana, Oregon, Idaho
 Certification(s)/Specialty: Orthopedic Surgery

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 male worker who sustained an industrial injury on July 11, 2007. A primary treating office visit dated May 01, 2015 reported the worker being diagnosed with herniated disc at L3-4 that is left sided with right sided symptoms. The plan of care noted recommendation for a re-repeat magnetic resonance imaging of lumbar spine since "I can palpate his spine and spinous process." Naprosyn and Tramadol were refilled. Primary follow up dated June 12, 2015 reported subjective complaint of radiating right leg pain. The diagnosis of rule out bilateral pars fracture at L3 was added this visit. The plan of care is with recommendation for a computerized tomography scan of lumbar spine and neurology evaluation and nerve conduction study of lower extremities. On August 11, 2015 formal request was made for electric diagnostic nerve conduction study of bilateral lower extremities was non-certified by utilization Review on August 19, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV bilateral lower extremities: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Per the CA MTUS/ACOEM Guidelines Low Back Complaints, page 303-304 regarding electrodiagnostic testing, it states 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. It further recommends against EMG and somatosensory evoked potentials (SEPs) in Table 12-7. Table 12-8 recommends against EMG for clinically obvious radiculopathy. In this particular patient there is an indication of criteria for electrodiagnostic studies based upon physician documentation or physical examination findings. There is objective documentation of right sided lumbar radiculopathy from the exam note from 6/12/15 but it does not correlate with the left sided disc herniation on MRI. Further diagnostic testing would be recommended in this case prior to considering surgical treatment. Therefore the request of the electrodiagnostic studies is medically necessary.