

Case Number:	CM15-0189677		
Date Assigned:	10/01/2015	Date of Injury:	02/29/2008
Decision Date:	11/10/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	09/25/2015

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 69 year old male who sustained an industrial injury on 10-9-06. A review of the medical records indicates he is undergoing treatment for status post right knee total knee arthroplasty in 2014, lumbar degenerative disc disease, disc protrusion with radiculopathy of bilateral lower extremities, and right shoulder impingement and weakness. Medical records (6-22-15) reveals complaints of low back pain with weakness, numbness and tingling in bilateral lower extremities. On 6-22-15, the record indicates that his lumbar pain is "constant" and radiates to the lower extremities to his feet. He rates the pain "8 out of 10". He also complained of headaches, neck pain, bilateral shoulder pain, bilateral elbow pain, bilateral wrist and hand pain, "aching" in his mid back, and right knee pain. He reports difficulty with his activities of daily living, including showering, dressing, household chores, and meal preparation. The physical exam (8-28-15) reveals decreased range of motion of the lumbar spine "in all planes", "positive straight leg raise", and use of a cane for walking. Diagnostic studies for the lumbar spine have included x-rays on 6-22-15. Treatment has included a lumbar epidural steroid injection "6 or 9 times" per injured worker report. Treatment recommendations include x-rays of the lumbar spine, an MRI of the lumbar spine, and EMG-NCV of bilateral lower extremities. The utilization review (9-9-15) indicates a request for authorization for EMG-NCV for bilateral lower extremities. The request was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV of the Bilateral Lower Extremities: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter/Nerve Conduction Studies (NCS) Section.

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. The MTUS Guidelines do not specifically address nerve conduction studies of the lower extremities. Per the ODG, nerve conduction studies are not recommended because there is minimal justification of performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. In this case, the injured worker has subjective complaints of lumbar back pain that radiates to bilateral legs and feet. The physical exam on 8-28-15 revealed decreased range of motion of the lumbar spine "in all planes", "positive straight leg raise", and use of a cane for walking. However, there is a lack of objective evidence to support a diagnosis of neurological dysfunction and NCV is not recommended by the guidelines. The request for EMG/NCV of the Bilateral Lower Extremities is determined to not be medically necessary.