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| Case Number: | CM15-0193145 | | |
| Date Assigned: | 10/07/2015 | Date of Injury: | 06/22/2011 |
| Decision Date: | 11/18/2015 | UR Denial Date: | 09/03/2015 |
| Priority: | Standard | Application Received: | 10/01/2015 |

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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 46-year-old female who sustained an industrial injury on 6-22-2011. Diagnoses have included history of herniated disc at L4-5 with left-sided L5 radiculopathy, status post discectomy. Previous diagnostic testing included lumbar MRI 10-2014, and electrodiagnostic study referenced from 2011 with no documentation of negative results. Documented treatment includes surgical discectomy, facet block 2012, facet rhizotomy 3-2012, epidural steroid injections, physical therapy, and medication. On 8-17-2015, the injured worker reported continuing low back pain radiating down to the left lower extremity. With examination, the physician noted spasm in the lower left lumbar area, with positive lasague test on the left. The neurologic examination of the lower limbs showed decreased sensation at the dorsal aspect of the left foot. The treating physician's plan of care includes electromyography and nerve conduction velocity study of both lower extremities to "rule out radiculopathy," which was denied on 9-3-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography and nerve conduction velocity of the bilateral lower extremities: Upheld

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

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 - Lumbar & Thoracic (Acute & Chronic), EMG, NCV.

Decision rationale: ACOEM recommends "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." ODG further states that EMG is "Recommended as an option (needle, not surface). EMGs (electromyography) may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious." The medical record fails to demonstrate any radiculopathy by physical exam. The patient has had EMBG/NCV in 2011 which was reported as normal and there are no new findings which would warrant a repeat study at this time. As such, the request for Electromyography and nerve conduction velocity of the bilateral lower extremities is not medically necessary.