

Case Number:	CM15-0195572		
Date Assigned:	10/09/2015	Date of Injury:	12/10/2014
Decision Date:	11/18/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/05/2015

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: New Jersey, New York

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 33 year old male, who sustained an industrial injury on 12-10-2014. He reported a low back injury from heavy lifting activity. A lumbar spine MRI dated 3-4-15, revealed "a posterior disc protrusion L5-S1 resulting in left neural foraminal narrowing, left exiting nerve root compromise is seen". Diagnoses include lumbar sprain-strain, lumbar radiculopathy, and muscle spasm of the back. Treatments to date include activity modification, medication therapy, chiropractic therapy, and physical therapy. On 6-12-15, he complained of no change in the low back pain and radiation to the left leg. The physical examination documented decreased lumbar range of motion and a positive left side straight leg raise test. The provider documented "patient has been denied all treatment and he may have a neural doctor appointment next week." The appeal requested authorization for bilateral lower extremity electromyogram and nerve conduction studies (EMG-NCS). The Utilization Review dated 9-22-15, modified the request to allow EMG-NCS for the left lower extremity only.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG (electromyography)/ NCV (nerve conduction velocity), Right Lower Extremity:

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: The request for an EMG/NCS of the lower extremities is not medically necessary. EMG is used to clarify nerve root dysfunction and is not indicated for obvious radiculopathy. Although in the chart mentions that he had lower back pain, there was no documented neurologic deficit on physical exam. The patient had no documented deficits in sensation and strength of bilateral lower extremities and no corroboration with radiographic findings. Therefore, the request is considered not medically necessary.