

Case Number:	CM15-0196043		
Date Assigned:	10/09/2015	Date of Injury:	06/17/2015
Decision Date:	11/18/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	10/06/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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:

This is a 30 year old male with a date of injury of June 17, 2015. A review of the medical records indicates that the injured worker is undergoing treatment for thoracic spine sprain and strain, lumbar spine disc protrusion, and lumbar spine radiculopathy. Medical records dated August 31, 2015 indicate that the injured worker complained of upper and lower back pain, lower back pain rated at a level of 2 out of 10, and pain radiating to the right lower extremity with numbness. The physical exam reveals tenderness to palpation of L4 and L5, decreased range of motion of the lumbar spine, positive straight leg raise on the right. Per the treating physician the employee had work restrictions that included no lifting greater than twenty pounds. Treatment has included over the counter medications. The original utilization review (September 8, 2015) non-certified a request for electromyogram-nerve conduction velocity studies 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:

Nerve Conduction Studies Right/Left Lower Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Lumbar and Thoracic, Acute and Chronic, Nerve Conduction 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 -Nerve conduction studies (NCS).

Decision rationale: Nerve Conduction Studies Right/Left Lower Extremity is not medically necessary per the MTUS Guidelines and the ODG. The MTUS states that 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. The ODG states NCS is not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but recommended if the EMG is not clearly radiculopathy or clearly negative, or to differentiate radiculopathy from other neuropathies or non-neuropathic processes if other diagnoses may be likely based on the clinical exam. The documentation is suggestive of a right lumbar radiculopathy. There are no exam findings or symptoms that necessitate nerve conduction studies on the left lower extremity. The request for nerve conduction studies in the right and left lower extremities is not medically necessary.

Electromyography Right/Left Lower Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Lumbar and Thoracic, Acute and Chronic, Electromyography.

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- EMGs (electromyography).

Decision rationale: Electromyography Right/Left Lower Extremity is not medically necessary per the MTUS Guidelines and the ODG. The MTUS states that 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. The ODG states that EMGs (electromyography) are recommended as an option (needle, not surface) to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. The documentation is not clear that the patient has left lower extremity symptoms or what conservative therapy has been attempted therefore this request is not medically necessary.