

Case Number:	CM15-0196123		
Date Assigned:	10/09/2015	Date of Injury:	06/30/2000
Decision Date:	11/25/2015	UR Denial Date:	10/02/2015
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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management, 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 59 year old male, who sustained an industrial injury on 6-30-00. The injured worker is diagnosed with multilevel degenerative disc disease and back pain with bilateral lumbar radiculitis. His work-disability status was not addressed. Notes dated 5-26-15 - 9-24-15 reveals the injured worker presented with complaints of low back pain with numbness and tingling that radiates down his left leg and thigh and described as aching. Physical examinations dated 5-26-15 - 9-24-15 revealed tenderness along the "lumbar paraspinal muscles, iliolumbar and sacroiliac regions". The left side straight leg raise is positive. The injured worker utilizes the medication Percocet and Flexeril for pain management. A request for authorization dated 9-24-15 for 1 EMG-NCS to the bilateral lower extremities is modified to 1 EMG of the bilateral lower extremities, per Utilization Review letter dated 10-3-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCS of bilateral lower extremities: Upheld

Claims Administrator 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) - EMGs, Nerve conduction studies (NCS).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back: Lumbar and Thoracic: EMG and nerve conduction studies.

Decision rationale: ODG states that electromyography is an option to detect radiculopathies. Nerve conduction studies are not considered useful since peripheral nerve function is usually spared in radiculopathies. This patient does not have any sensory peripheral nerve deficiencies for which nerve conduction studies would be useful. There's also no focal weakness identified. Therefore, the likelihood of muscle membrane instability in these muscles is low. This request for EMG nerve conduction studies of both lower extremities is not medically necessary since the clinical examination does not reveal focal weakness or sensory abnormalities.