

Case Number:	CM15-0196356		
Date Assigned:	10/12/2015	Date of Injury:	09/10/2014
Decision Date:	12/07/2015	UR Denial Date:	10/01/2015
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: Texas, Florida, 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 29 year old male, who sustained an industrial-work injury on 9-10-14. He reported initial complaints of back pain. The injured worker was diagnosed as having moderate narrowing of the spinal canal at L3-S1 with facet arthropathy, musculoligamentous strain of the lumbar spine, and acute flare up. Treatment to date has included medication, LESI (lumbar epidural steroid injections) with increased pain, and diagnostics. Currently, the injured worker complains of worsened low back pain with radiation to both lower extremities, right greater than left. ADL's (activities of daily living) are being affected. Per the primary physician's progress report (PR-2) on 9-14-15, lumbar exam notes loss of lumbar lordosis, tenderness with palpation over the lumbar spine paravertebral muscles, straight leg raise test is decreased to 20 degrees, hypoesthesia over the anterolateral aspect of the leg. The Request for Authorization requested service to include Electromyography (EMG) and nerve conduction velocity (NCV) of the lower extremities for submitted diagnoses musculoligamentous strain of the lumbar spine (lower back) and lumbar herniated disc. The Utilization Review on 10-1-15 denied the request for Electromyography (EMG) and nerve conduction velocity (NCV) of the lower extremities for submitted diagnoses musculoligamentous strain of the lumbar spine (lower back) and lumbar herniated disc.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyograph (EMG) and nerve conduction velocity (NCV) of the lower extremities for submitted diagnoses musculoligementous strain of the lumbar spine (lower back) and lumbar herniated disc: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods.

Decision rationale: This claimant was injured in 2014. He reported initial complaints of back pain. The injured worker was diagnosed as having moderate narrowing of the spinal canal at L3-S1 with facet arthropathy, musculoligamentous strain of the lumbar spine, and acute flare up. Currently, the injured worker complains of worsened low back pain with radiation to both lower extremities, right greater than left. ADL's (activities of daily living) are being affected, however, although there is pain, no objective or even equivocal neurologic findings are noted. The MTUS ACOEM notes that electrodiagnostic studies may be used when the neurologic examination is unclear, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. In this case, there was not a neurologic exam showing equivocal signs that might warrant clarification with electrodiagnostic testing. The request is not medically necessary and appropriately non-certified.