

Case Number:	CM15-0196657		
Date Assigned:	10/19/2015	Date of Injury:	09/04/2007
Decision Date:	12/04/2015	UR Denial Date:	09/16/2015
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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 69 year old male who sustained an industrial injury on 09-04-2007. A review of the medical records indicated that the injured worker is undergoing treatment for lumbar degenerative disc disease, lumbar radiculitis and post laminectomy syndrome (no date or procedures documented). According to the treating physician's progress report on 08-27-2015, the injured worker continues to experience low back pain radiating to the right buttock, hip, thigh and right knee which started approximately one month ago and rated at 6 out of 10 on the pain scale. The injured worker had a global antalgic gait. Examination demonstrated spinous process tenderness bilaterally at L3 through L5 with positive facet loading and positive straight leg raise bilaterally. There was weakness noted of the right quadriceps, extensor hallucis longus muscle and knee extension. Prior treatments have included diagnostic testing, lumbar epidural steroid injection (no date documented) which was somewhat helpful and medications. Current medications were listed as Tramadol, Colchicine, Laxacin and cardiac medications. Treatment plan consists of trial Nucynta instead of Tramadol, samples of Movantik and on 09-01-2015 the provider requested authorization for Electromyography (EMG) of the left lower extremity and Electromyography (EMG) of the right lower extremity. On 09-16-2015 the Utilization Review determined the request for Electromyography (EMG) of the left lower extremity and Electromyography (EMG) of the right lower extremity was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG of the left lower extremity: Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Compensation, Online Edition 2015.

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

Decision rationale: MTUS/ACOEM recommend electrodiagnostic studies of the lower back/lower extremities to evaluate specific neurological symptoms/findings which suggest a neurological differential diagnosis. An initial physician review concluded that there was no indication for a generalized / bilateral electrodiagnostic study given localized symptoms/findings on examination; that review also concluded there was no condition in the differential diagnosis to support a need for nerve conduction testing. However, the records in this case clearly support the differential diagnosis of a generalizing polyneuropathy vs. radiculopathy. This testing is supported by MTUS in such a situation; the request is medically necessary.

EMG of the right lower extremity: Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Compensation, Online Edition 2015.

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

Decision rationale: MTUS/ACOEM recommend electrodiagnostic studies of the lower back/lower extremities to evaluate specific neurological symptoms/findings which suggest a neurological differential diagnosis. An initial physician review concluded that there was no indication for a generalized / bilateral electrodiagnostic study given localized symptoms/findings on examination; that review also concluded there was no condition in the differential diagnosis to support a need for nerve conduction testing. However, the records in this case clearly support the differential diagnosis of a generalizing polyneuropathy vs. radiculopathy. This testing is supported by MTUS in such a situation; the request is medically necessary.