

Case Number:	CM15-0198250		
Date Assigned:	10/13/2015	Date of Injury:	03/17/2015
Decision Date:	11/20/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	10/08/2015

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: Emergency 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 57-year-old male who sustained an industrial injury 03-17-15. A review of the medical records reveals the injured worker is undergoing treatment for lumbar spine issues. Medical records (06-05-15) are handwritten and difficult to decipher. The injured worker complains of low back pain, which is not rated. The physical exam is difficult to decipher. Prior treatment includes electrodiagnostic study of the bilateral lower extremities on 03-17-15. The treating provider (06-05-15) reports the plan of care includes topical medications, a back brace, a TENS unit, and neurodiagnostic studies of the bilateral lower extremities, as well as a functional capacity evaluation. The original utilization review (09-16-15) non certified the request for electrodiagnostic and nerve conduction studies of the bilateral lower extremities on 06-18-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: EMG/NCV of the Bilateral Lower Extremities (DOS: 06/18/2015): 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: Low Back - Lumbar & Thoracic (Acute & Chronic), Nerve conduction studies (NCS).

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

Decision rationale: The requested Retrospective: EMG/NCV of the Bilateral Lower Extremities (DOS: 06/18/2015), is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 12, Low Back Complaints, page 303, Special Studies and Diagnostic and Treatment Considerations, note "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study." The injured worker has low back pain, which is not rated. The physical exam is difficult to decipher. Prior treatment includes electrodiagnostic study of the bilateral lower extremities on 03-17-15. The treating physician has not documented evidence of an acute clinical change since a previous electrodiagnostic testing. The criteria noted above not having been met, Retrospective: EMG/NCV of the Bilateral Lower Extremities (DOS: 06/18/2015) is not medically necessary.