

Case Number:	CM15-0198906		
Date Assigned:	10/14/2015	Date of Injury:	11/06/2013
Decision Date:	11/23/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	10/09/2015

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: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 34 year old male, who sustained an industrial injury on 11-6-2013. The injured worker was being treated for lumbar disc displacement and lumbar radiculitis. Medical records (7-1-2015 to 9-1-2015) indicate ongoing burning, radicular pain of the low back that is constant, moderate, and at times is sharp. Associated symptoms included numbness and tingling in the bilateral lower extremities. The injured worker reported increased pain with prolonged standing, sitting, and driving, and bending over while carrying something heavy. He reported that when he stands or sits he constantly needs to shift his weight to find comfort. The physical exam (7-1-2015 to 8-3-2015) reveals ability to heel and toe walk, pain with heel walking, 50% of normal squatting, low back pain with toe touch with fingers about 4 inches from the ground, and decreased lumbar range of motion. There was slightly decreased sensation at the bilateral L4-S1 (lumbar 4-sacral 1) dermatomes. The physical exam (9-1-2015) reveals tenderness to palpation of the lumbar paravertebral muscles. There was pain caused by Kemp's and Valsalva's. Diagnostic studies were not included in the provided medical records. Treatment has included acupuncture, off work, and medications including histamine 2 antagonist, anti-epilepsy, oral pain, muscle relaxant, and topical pain. Per the treating physician (9-1-2015 report), the injured worker was to return to work with restrictions including no pulling or pushing over 25 pounds, no lifting or carrying more than 25 pounds, no overhead lifting on the left and right, and sedentary work only. The injured worker was to be considered temporarily totally disabled if modified duty was not available. On 9-1-2015, the requested treatments included EMG (electromyography) and NCV (nerve conduction velocity) of the bilateral lower extremities. On 9-16-2015, the original utilization review non-certified a request for EMG and NCV 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:

EMG/NCV of bilateral lower extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: Per ACOEM, electromyography (EMG), and nerve conduction velocities (NCV) may help identify subtle focal neurologic dysfunction in patients with low back symptoms, or both, lasting more than three or four weeks. They can identify low back pathology in disc protrusion. There are no red flags on physical exam to warrant further imaging, testing or referrals. The records do not support the medical necessity for an EMG/NCV of the bilateral lower extremities.