

Case Number:	CM15-0199221		
Date Assigned:	10/14/2015	Date of Injury:	03/21/2014
Decision Date:	11/20/2015	UR Denial Date:	09/11/2015
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: 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 22 year old female, who sustained an industrial-work injury on 3-21-14. She reported initial complaints of low back pain. The injured worker was diagnosed as having lumbar disc displacement with sciatica. Treatment to date has included medication, physical therapy (without benefit), lumbar ESI (epidural steroid injection-without benefit) on 8-25-14, and chiropractic treatment. MRI results were reported on 7-8-14 of the lumbar spine revealed an annular tear with a 5 mm posterior right paracentral disc protrusion at L5-S1 with resultant compression of the right S1 nerve within the spinal canal. X-rays were reported on 6-26-14 of the lumbar spine that revealed no evidence of acute lumbar spine osseous injury. Currently, the injured worker complains of low back pain radiating down into the right buttock and right lower extremity to bottom of the foot and toes with tingling and numbness. Pain is rated 10 out of 10 and weight is fluctuating. Medication causes gastric distress and a heating pad and supportive device were utilized. Per the primary physician's progress report (PR-2) on 8-18-15, exam noted limited range of motion to the lumbar spine, tenderness to the paravertebral musculature with spasm, positive straight leg raise bilaterally at 80 degrees, and normal gait. Current plan of care includes diagnostic testing, therapy, and possible epidural. The Request for Authorization requested service to include Electromyography (EMG)-Nerve conduction velocity (NCV) for bilateral lower extremities. The Utilization Review on 9-11-15 denied the request for Electromyography (EMG)-Nerve conduction velocity (NCV) for bilateral lower extremities, per CA MTUS (California Medical Treatment Utilization Schedule) Guidelines, Low Back Complaints 2004.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) / Nerve conduction velocity (NCV) for bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic).

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

Decision rationale: Review indicates the patient has significant clinical findings and correlating MRI impression with lumbar surgery certified, negatives the necessity for EMG/NCV. Per Guidelines, NCS is not recommended as there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Additionally, electrodiagnostic studies which must include needle EMG is recommended where a CT or MRI is equivocal and there are ongoing pain complaints that raise questions about whether there may be a neurological compromise that may be identifiable (i.e., leg symptoms consistent with radiculopathy, spinal stenosis, peripheral neuropathy, etc.). However, the patient already had an MRI of the lumbar spine showing findings along with clinical neurological deficits consistent with lumbar radiculopathy to support for the planned certified lumbar surgery, negating any medical necessity for diagnostic EMG/NCV. The Electromyography (EMG) / Nerve conduction velocity (NCV) for bilateral lower extremities is not medically necessary or appropriate.