

Case Number:	CM15-0201009		
Date Assigned:	10/16/2015	Date of Injury:	01/31/2007
Decision Date:	11/24/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	10/13/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 32 year old male, who sustained an industrial injury on 1-31-2007. The injured worker was diagnosed as having lumbar spondylosis without myelopathy and with radiculopathy and cervicalgia. Treatment to date has included diagnostics, mental health treatment, and medications. Currently (9-03-2015), the injured worker complains of low back pain with right leg radiation, noting numbness, tingling and weakness of his right leg. Low back pain with radiation to the lower extremities was documented since at least 3-07-2015 (earliest progress report provided). The treating physician documented that lumbar magnetic resonance imaging (3-14-2007) showed "facet arthritis of L3-4, L4-5, L5-S1" and electromyogram and nerve conduction studies (3-05-2011) showed "right L5 radic". Exam of the back noted tenderness to palpation and "decreased" and painful range of motion. Strength was 4 of 5 in the right leg and sensation to light touch was decreased in the right leg. Straight leg raise was positive on the right. Medication use included Gabapentin, Norco, Flexeril, Mirtazapine, and Lexapro. It was documented that he was seen in consultation for a right L3-5 medial branch block and the treating physician wished to rule out neuraxial radiculopathy prior to proceeding with any intervention. The treatment plan included electromyogram and nerve conduction studies of the lower extremities, non-certified by Utilization Review on 9-14-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG (electromyography)/ NCV (nerve conduction velocity), 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: Low Back, Lumbar & Thoracic (Acute & Chronic) - EMG (electromyography), NCS (nerve conduction studies).

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

Decision rationale: This 32 year old male has complained of low back pain and neck pain since 1/31/2007. He has been treated with physical therapy and medications. The current request is for EMG/NCV of the lower extremities. The available medical records do not document any new injuries, symptoms or physical examination findings since the previous EMG/NCV which would indicate the necessity of obtaining a repeat EMG/NCV of the bilateral lower extremities. On the basis of the MTUS guidelines cited above and the available provider documentation, EMG/NCV of the bilateral lower extremities is not indicated as medically necessary.