

Case Number:	CM15-0201377		
Date Assigned:	10/16/2015	Date of Injury:	09/14/1980
Decision Date:	12/01/2015	UR Denial Date:	09/24/2015
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: Iowa

Certification(s)/Specialty: Preventive Medicine, Occupational 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 72 year old male with a date of injury on 09-14-1980. The injured worker is undergoing treatment for sprain of the lumbar region and degeneration of lumbar or lumbosacral intervertebral disc. A physician progress note dated 08-26-2015 documents the injured worker's symptoms overall remain stable since his previous visit. He has continued chronic primarily axial low back pain. His symptoms fluctuate depending on his activity level. He has progressive numbness and tingling in his lower extremities. He rates his pain as 8 out of 10. He has a normal gait. There is tenderness to the lumbar paraspinal muscles. There is limited range of motion with lateral bending. Sensory testing demonstrates moderate left peripheral neuropathy and sensory testing demonstrates moderate right peripheral neuropathy Treatment to date has included medications, diagnostic studies, and a lumbar brace. Electrodiagnostic studies were requested on 12-2-2015 and again on 03-30-2015. The treatment plan included dispensing a lumbar brace, request for EMG/NCV of the RLE as an outpatient. On 09-24-2015 Utilization Review non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV of The RLE As An Outpatient: 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 Neck and Upper Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Electrodiagnostic testing (EMG/NCS).

Decision rationale: According to MTUS guidelines, ACOEM states that electromyography (EMG), may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. ODG states that neuro conduction studies (NCS) are not recommended, but EMG is recommended as an option to obtain unequivocal evidence of radiculopathy when radiculopathy is not already clinically obvious. ODG recommends timing of EMG after one month of conservative therapy. The medical documentation does not indicate any red flag symptoms requiring immediate referral. The treating physician in an email on 3-30-2015 states the condition could be cauda equina, which is a red flag, however in the treatment notes dated 8-26-2015, it is stated the patient is clinically stable, which does not indicate a current medical emergency. The patient does appear to have been experiencing the symptoms for an extended period of time, although a period of failed conservative care is not clearly documented. The physical examination contains clear evidence of radiculopathy and neuropathy. Therefore, it is not clear what additional information the EMG would provide per the above guidelines. In addition, NCV are not recommended for lower extremities per evidence-based guidelines. Therefore, the request for EMG/NCV of the RLE, is not medically necessary.