

Case Number:	CM15-0202378		
Date Assigned:	10/19/2015	Date of Injury:	05/05/2011
Decision Date:	12/01/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/14/2015

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 46 year old, male who sustained a work related injury on 5-5-11. A review of the medical records shows he is being treated for headaches, neck, bilateral shoulders and low back pain. In progress notes dated 5-11-15 and 6-16-15, the injured worker reports low back pain. He rates the pain a 5 out of 10. He has pain that radiates to both legs down to feet. On physical exam dated 6-16-15, he denies symptoms to legs. There has been no change in examination. Provider states MRI of lumbar spine reveals "L4-5 has 5mm herniated nucleus pulposus. L2-3 has 2.7mm herniated nucleus pulposus." Treatments have included medications-temporary benefit, physical therapy-limited benefit, acupuncture-limited benefit, chiropractic treatments-limited benefit and lumbar epidural steroid injections-limited benefit. Current medications include Prilosec, compound cream, and Tylenol #3. Tylenol #3 to be discontinued. He is temporarily totally disabled. The treatment plan for this progress note includes a consult for internal medicine and medications. In the Utilization Review dated 9-25-15, the requested treatment of EMG-NCV study of the lower extremities is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG (Electromyelography) study for bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

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

Decision rationale: As per ACOEM Guidelines, EMG may be useful in detecting nerve root dysfunction. There is no documentation of any radiculopathy or nerve root dysfunction on the lower limb to support EMG use. Patient had a negative EMG done 1 year prior. There are no neurological deficits documented. There is no new motor deficit. While patient has MRI imaging that may be consistent with radiculopathy, recent EMG and normal motor and neurological exam is not consistent with radiculopathy. There is no evidence based rationale or any justification noted by the requesting provider. EMG is not medically necessary.

NCV (Nerve Conduction Velocity) study for bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Special Studies, Summary.

Decision rationale: As per ACOEM guidelines, Nerve Conduction Velocity studies are contraindicated in virtually all knee and leg pathology unless there signs of tarsal tunnel syndrome or any nerve entrapment neuropathies. There are no such problems documented. NCV is not medically necessary.