

Case Number:	CM15-0202816		
Date Assigned:	10/19/2015	Date of Injury:	02/10/2014
Decision Date:	12/23/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/15/2015

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, Pain Management

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 28 year old male who sustained an industrial injury on 2-10-14. The medical records indicate that the injured worker is being treated for acute and chronic lumbar strain; bilateral lower extremity radicular pain, right greater than left; chronic diarrhea and gastritis; disc protrusion of L5-S1 with radiation to the right lower extremity. He currently (8-21-15) complains of persistent frequent lower back pain with a pain level of 5-6 out of 10 with radiation down the right leg with numbness and tingling into his knee. Medications (Tylenol #3) bring pain down from a 6 to 3 out of 10. On physical exam there was loss of range of motion of the lumbar spine, palpable muscle hypertonicity and tenderness, positive straight leg raise on the right with radiation of pain into the anterior thigh, slight decreased sensation at L4-5 on the right. The injured worker has undergone an MRI of the lumbosacral spine (3-7-14) showing relatively isolated L5-S1 degenerative disc disease with central posterior annulus tear and protrusion that abuts the descending nerve roots without definitive impingement. Treatments to date include medication: Tylenol #3, omeprazole, Lyrica, prior Flexeril (3-29-11); acupuncture with relief; physical therapy; fusion therapy with temporary relief; chiropractic therapy; epidural steroid injection with temporary relief of 2 weeks 1st injection and 1 month relief with second injection and an overall 40% pain reduction; transcutaneous electrical nerve stimulator unit. In the 8-26-15 progress note the treating provider requested an urgent electromyography-nerve conduction study of bilateral lower extremities to formally indicate prognosis as the injured worker needs a possible spine surgery as a last option. The request for authorization dated 9-4-15 was for electromyography-nerve conduction study of bilateral lower extremities. On 9-28-15 Utilization review non-certified the request for electromyography-nerve conduction studies of right and left lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nerve conduction velocity (NCV) of the right lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chapter: Low Back - Electrodiagnostics studies (EDS).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Electrodiagnostic Studies.

Decision rationale: Regarding the request for NCV of the lower extremity, CA MTUS does not specifically address the issue. ODG states that nerve conduction studies are not recommended for back conditions. They go on to state that there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Within the documentation available for review, the patient has an established diagnosis of radiculopathy and there are no physical examination findings suggestive of peripheral neuropathy to support the use of nerve conduction testing. In the absence of such documentation, the currently requested NCV of the lower extremity is not medically necessary.

Electromyography (EMG) of the left lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chapter: Low Back - Electrodiagnostics studies (EDS).

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Electrodiagnostic Studies, EMGs.

Decision rationale: Regarding the request for EMG of the lower extremity, Occupational Medicine Practice Guidelines state that electromyography may be useful to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting more than 3 to 4 weeks. ODG cites that EMGs (electromyography) may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. Within the documentation available for review, the patient has clinically obvious radiculopathy with an established diagnosis of same supported by imaging and there are no red flags or another clear rationale for EMG. In the absence of such documentation, the currently requested EMG of the lower extremity is not medically necessary.

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