

Case Number:	CM15-0022972		
Date Assigned:	02/12/2015	Date of Injury:	10/07/2011
Decision Date:	04/06/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/06/2015

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, Arizona
 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 35-year-old male who reported injury on 10/07/2011. His mechanism of injury was unspecified. His diagnoses included chronic pain syndrome, right sided neck pain causing headaches, lower thoracic pain, lumbar pain and bilateral leg pain. His past treatments were noted to include medications. Pertinent diagnostic studies included an EMG/NCV performed in 2012, which was indicated to be normal. On 01/15/2015, the injured worker reported continued mid back and low back pain with burning sensation in the posterior legs. He rated his pain level at a 7/10 without medications and 3/10 with medications. The physical examination of the lumbar revealed tenderness in the paraspinal muscles of the upper, mid and lower lumbar spine. Range of motion was also indicated to be decreased with flexion and extension. Sensation was also noted to be decreased in the posterior legs with a positive straight leg raise bilaterally. The injured worker had normal reflexes and motor strength. His relevant medications were noted to include hydrocodone/acetaminophen 10/325 mg and tramadol 50 mg. The treatment plan included an EMG of the bilateral extremities. A rationale was not provided. The Request for Authorization form was submitted on 01/21/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV Bilateral Lower Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Electro-diagnostic Testing.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The request for EMG/NCV bilateral lower extremities is not medically necessary. According to the California MTUS/ACOEM Guidelines, EMGs are not indicated unless there is subtle or focal neurological dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. Furthermore, EMGs may not be useful to identify evidence of radiculopathy if it is clearly present on physical examination. In addition, NCVs are not recommended as a diagnostic test as EMGs are preferred over NCV. The injured worker was indicated to have decreased sensation and positive straight leg raises, along with decreased range of motion upon physical examination indicating radicular symptoms. In addition, a lumbar MRI performed on 07/2012 already noted posterior central disc bulge and mild degenerative changes and degenerative disc disease at the L5-S1 indicating pathology. Furthermore, there was lack of a clear rationale for an EMG/NCV of the bilateral extremities as an MRI was already performed and radicular symptoms were present upon examination. Based on the above, the request is not support by the evidence based guidelines. As such, the request is not medically necessary.