MAXIMUS Federal Services

Case Number:	CM15-0024146		
Date Assigned:	02/13/2015	Date of Injury:	11/20/2013
Decision Date:	04/10/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/09/2015

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: District of Columbia, Virginia
Certification(s)/Specialty: Internal 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 54 year old male, who sustained an industrial injury on 11/20/2013. The diagnoses have included lumbar disc rupture, sciatica and lumbar spine herniated nucleus pulposus (HNP). Treatment to date has included physical therapy, acupuncture and pain medications. According to the Primary Treating Physician's Progress Report dated 12/9/2014, the injured worker complained of burning, radicular low back pain and muscle spasms. The pain was associated with numbness and tingling of the bilateral lower extremities. The injured worker stated that the symptoms persisted, but the medications offered him temporary relief of pain and improved his ability to have restful sleep. Exam of the lumbar spine revealed tenderness to palpation with spasms at the lumbar paraspinal muscles and over the lumbosacral junction. Range of motion of the lumbar spine was decreased. The treatment plan was to continue physical therapy and acupuncture and continue shockwave therapy. The injured worker was referred to a pain management specialist for a consultation regarding epidural steroid injections (ESI) for the lumbar spine. The injured worker was requesting electromyography/nerve conduction velocity of the bilateral lower extremities. On 1/27/2015, Utilization Review (UR) non-certified a request for electromyography/nerve conduction velocity (EMG/NCV) of the left lower extremity and electromyography/nerve conduction velocity (EMG/NCV) of the right lower extremity. The Medical Treatment Utilization Schedule (MTUS), American College of Occupational and Environmental Medicine (ACOEM) Guidelines and Official Disability Guidelines (ODG) were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG Left Lower Extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-309.

Decision rationale: Per ACOEM: Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. Diskography is not recommended for assessing patients with acute low back symptoms. This patient had neurological signs and symptoms suggestive of radiculiitis. EMG testing would be indicated.

NCV Right Lower Extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back (updated 01/14/15) Nerve conduction studies (NCS).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints Page(s): 343.

Decision rationale: Per ACOEM, NCV is not addressed as it pertains to lower back complaints. For knee complaints/lower extremity, ACOEM does not find NCV (nerve conduction velocity) studies to be useful in diagnosis. See Table 13-5. This study would not be indicated.

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