

Case Number:	CM15-0028755		
Date Assigned:	02/20/2015	Date of Injury:	05/21/2002
Decision Date:	04/03/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	02/13/2015

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: Texas, Illinois

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 46 year old female who sustained an industrial injury on 05/21/2002. Diagnoses include lumbar disc disease with radiculitis, degeneration of lumbar disc, Grad II spondylolisthesis of L5 on S1, and bilateral NF compression at L5 nerve roots. Treatment to date has included medications, transforaminal epidural steroid injections, aquatic therapy, and activity modification. A physician progress note dated 12/29/2014 documents the injured worker has low back pain and bilateral lower extremity radiculopathy. She is status-post transforaminal epidural steroid injection in 10/2013 that gave her greater than 80% relief and complete relief of her radicular pain, and lasted about 6 months. Now the pain has returned to the previous levels. She is having radiating burning sensation from her back to her feet. Treatment requested is for electromyography (EMG) and nerve conduction studies (NCS) of the lower extremities. On 01/15/2015 Utilization Review non-certified the request for EMG and NCS of the lower extremities and cited was California Medical Treatment Utilization Schedule (MTUS).

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCS bilateral lower extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic)Nerve conduction studies (NCS).

Decision rationale: The injured worker sustained a work related injury on 05/21/2002. The medical records provided indicate the diagnosis of lumbar disc disease with radiculitis, degeneration of lumbar disc, Grad II spondylolisthesis of L5 on S1, and bilateral NF compression at L5 nerve roots. Treatment has included medications, transforaminal epidural steroid injections, aquatic therapy, and activity modification. The medical records provided for review do not indicate a medical necessity for EMG/NCS bilateral lower extremities. The MTUS is silent on lower extremity nerve conduction studies for lumbar radiculopathy, but both the MTUS and the Official Disability Guidelines recommend the use of electromyography for suspected cases of lumbar radiculopathy that is not obvious from the examination or imaging. Therefore, the request is not medically appropriate.