MAXIMUS Federal Services

Case Number:	CM15-0214886		
Date Assigned:	11/04/2015	Date of Injury:	03/07/2011
Decision Date:	12/15/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	11/02/2015

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: Arizona, California
Certification(s)/Specialty: Family Practice

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 42 year old male with a date of injury on 03-07-2011. The injured worker is undergoing treatment for lumbago, lumbosacral neuritis, and degenerative disc disease and lumbosacral spondylosis. The most recent physician progress note a dated 09-28-2015 documents the injured worker has complains of low back pain with lower radiculopathy increased and significant at this time. He has left sacroiliac joint pain, He has lumbar facet arthropathy. He has myofascial pain syndrome of the lumbosacral spine with spasms. He rates his pain without medications as 9 out of 10. He has a normal gait. There is tenderness to the lumbar spine and midline and tenderness over the facet joints at L4 to S1 bilaterally. There is sacral midline tenderness and S1 joint tenderness left and right. He has muscle spasms and range of motion is restricted. The most recent physical therapy note dated 09-29-2015 documents he has stiffness and pain in the central lumbosacral spine, and right greater than left piriformis tenderness to palpation. Treatment to date has included diagnostic studies, medications, physical therapy, acupuncture, and lumbar epidural injection. There is unofficial documentation that lower extremity electrodiagnostic studies were done on 03-21-2012 and were normal. Current medications include Cyclobenzaprine, Gabapentin, Prilosec, and Tramadol. On 10-02-2015 Utilization Review non-certified the request EMG/NCS of the bilateral lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCS of the bilateral lower extremities: Overturned

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

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

Decision rationale: According to the guidelines, an EMG is recommended to clarify nerve root dysfunction in cases of suspected disk herniation preoperatively or before epidural injection. It is not recommended for the diagnoses of nerve root involvement if history and physical exam, and imaging are consistent. An NCV is not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but recommended if the EMG is not clearly radiculopathy or clearly negative, or to differentiate radiculopathy from other neuropathies or non-neuropathic processes if other diagnoses may be likely based on the clinical exam.In this case, the claimant has nerve root compromise on MRI but no obvious radicular findings on exam or prio EMG in 2012. The claimant had response to an ESI indicating radiculopathy. The request for another ESI is medically necessary to better evaluate the pathology.