

Case Number:	CM15-0217407		
Date Assigned:	11/09/2015	Date of Injury:	11/05/2011
Decision Date:	12/21/2015	UR Denial Date:	10/28/2015
Priority:	Standard	Application Received:	11/04/2015

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: 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:

This is a 50 year old male who sustained a work-related injury on 11-5-11. Medical record documentation revealed the injured worker was being treated for status post L4-5 posterior fusion in 2012 and had chronic low back pain with radiculopathy. On 8-7-15, he reported a worsening of his symptoms and noted constant numbness and tingling in the right foot. He had positive right straight leg raise and tenderness to palpation of the lumbar spine. He had pain with toe-heel walk. On 10-2-15, he reported 70% of his symptoms were in the lumbar spine and 30% in the right foot with associated weakness. He reported that his right leg pain had worsened following the 2012 surgery. Objective findings included pain with toe-heel walk right greater than left and positive right straight leg raise. An MRI of the lumbar spine on 9-9-15 performed for evaluation of low back pain and right leg pain with numbness revealed no spinal canal or foraminal stenosis at the post-operative L4-S1 levels, and L2-L3 small central disk extrusion without spinal canal or foraminal stenosis. An EMG-NCV of the bilateral lower extremities was performed on 9-10-13 which was documented as a normal examination. A request for EMG-NCV of the bilateral lower extremities was received on 10-20-15. On 10-28-15, the Utilization Review physician determined EMG-NCV of the bilateral lower extremities was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV of the bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

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,/Nerve Conduction Studies (NCS) Section.

Decision rationale: Per the MTUS Guidelines, EMG may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. The MTUS Guidelines do not specifically address nerve conduction studies of the lower extremities. Per the ODG, nerve conduction studies are not recommended because there is minimal justification of performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. The requesting physician does not provide explanation of why NCV would be necessary for this injured worker, who already has identified pathology. Additionally, an EMG-NCV of the bilateral lower extremities was performed on 9-10-13 which was documented as a normal examination. The request for EMG/NCV of the bilateral lower extremities is determined to not be medically necessary.