

Case Number:	CM15-0218102		
Date Assigned:	11/10/2015	Date of Injury:	05/05/2015
Decision Date:	12/23/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	11/05/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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(n) 33 year old male, who sustained an industrial injury on 5-5-15. The injured worker was diagnosed as having low back injury with disc herniation and radiculopathy. Subjective findings (8-4-15, 8-26-15 and 9-9-15) indicated right lower back pain that radiates down the right lower extremity. The injured worker rates his pain 3-4 out of 10. Objective findings (8-4-15, 8-26-15 and 9-9-15) revealed intact sensation to light touch over the upper and lower extremities, tenderness to palpation along the right and left paravertebral muscles and a normal gait. As of the PR2 dated 10-7-15, the injured worker reports right lower back pain that radiates down the right lower extremity. He rates his pain 2-3 out of 10 and describes the pain as sharp. Objective findings include intact sensation to light touch over the upper and lower extremities and a normal gait. Treatment to date has included physical therapy for the lumbar spine and a lumbar MRI on 7-22-15 showing an L4-L5 disc bulge. The Utilization Review dated 10-13-15, non-certified the request for an EMG-NCV of the left lower extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG of left lower extremity: Upheld

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

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

Decision rationale: This 33 year old male has complained of low back pain and right leg pain since date of injury 5/5/2015. He has been treated with physical therapy and medications. The current request is for EMG of the left lower extremity. The available medical records show a request for EMG of the left lower extremity without any documented patient symptomatology, physical exam or rationale for the above requested testing. Per the MTUS guidelines cited above, EMG testing in the absence of documented worsening of symptoms and/ or in the absence of red flag symptoms or physical exam findings, is not indicated. On the basis of this lack of documentation from the requesting provider, EMG of the left lower extremity is not medically necessary.

NCV of left lower extremity: Upheld

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

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

Decision rationale: This 33 year old male has complained of low back pain and right leg pain since date of injury 5/5/2015. He has been treated with physical therapy and medications. The current request is for NCV of the left lower extremity. The available medical records show a request for NCV of the left lower extremity without any documented patient symptomatology, physical exam or rationale for the above requested testing. Per the MTUS guidelines cited above, NCV testing in the absence of documented worsening of symptoms and/ or in the absence of red flag symptoms or physical exam findings, is not indicated. On the basis of this lack of documentation from the requesting provider, NCV of the left lower extremity is not medically necessary.