

Case Number:	CM15-0034079		
Date Assigned:	03/02/2015	Date of Injury:	10/19/2010
Decision Date:	04/10/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	02/24/2015

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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 53-year-old male who reported an injury on 10/19/2010. The mechanism of injury involved a motor vehicle accident. The injured worker is currently diagnosed with lumbar degenerative disc disease, status post L4-S1 laminectomy, and right leg radiculitis. The injured worker presented on 02/02/2015 for a consulting physician's initial report. The injured worker reported right lower extremity pain, swelling, tightness, and intermittent numbness and tingling. The injured worker also reported diffuse low back pain. Upon examination, there was 80 degrees forward bending, 20 degrees extension, minimal tenderness to palpation, no major motor deficits in the lower extremities, hamstring tightness, and normal hip range of motion. Recommendations at that time included an updated MRI of the lumbar spine, as well as electrodiagnostic studies. A Request for Authorization form was then submitted on 02/06/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCS of bilateral lower extremities related to the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 13th Edition (web), 2015, Low Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 303-305.

Decision rationale: California MTUS/ACOEM Practice Guidelines state, 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. According to the documentation provided, there was no evidence of a sensory or motor deficit with regard to the bilateral lower extremities upon examination. The medical necessity for the requested electrodiagnostic testing has not been established in this case. There was also no mention of an attempt at recent conservative management. The injured worker was also pending authorization for an updated MRI of the lumbar spine. Given the above, the request is not medically appropriate at this time.