

Case Number:	CM15-0035893		
Date Assigned:	03/04/2015	Date of Injury:	10/09/2009
Decision Date:	04/13/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/25/2015

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: Physical Medicine & Rehabilitation

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 36-year-old male who reported injury on 10/09/2009. The mechanism of injury was not provided. The injured worker's diagnosis included status post unsuccessful right hip arthroscopy. The diagnostic studies included an MRI of the lumbar spine and electrodiagnostics of 02/06/2010 of the bilateral lower extremities which revealed moderate right L5 radiculopathy. The injured worker's MRIs were noted to be dated 01/07/2010 and 09/14/2012. The most recent documentation was dated 11/19/2014. The documentation indicated the injured worker had constant low back pain rated 10/10 with radiation to the right hip. The physical examination revealed the injured worker ambulated with a single point cane. The injured worker was noted to have a Trendelenburg gait and severe pain with internal rotation of the right hip. The treatment plan included conservative therapy. There was no documented rationale for the requested intervention. There was no physical examination for the requested intervention. There was a Request for Authorization submitted for review dated 01/14/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV BLES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Electrodiagnostic studies (EDS)/Nerve conduction studies (NCS).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Nerve conduction studies (NCS).

Decision rationale: The American College of Occupational and Environmental Medicine states that 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. They do not address NCS of the lower extremities. As such, secondary guidelines were sought. The Official Disability Guidelines do not recommend NCS as there is minimal justification for performing nerve conduction studies when an injured worker is presumed to have symptoms on the basis of radiculopathy. There is no documentation of peripheral neuropathy condition that exists in the bilateral lower extremities. There is no documentation specifically indicating the necessity for both an EMG and NCV. The clinical documentation submitted for review failed to provide myotomal or dermatomal findings to support the necessity for a repeat EMG/NCS. There was a lack of documentation indicating the injured worker had a significant change in symptoms or findings to support a secondary examination. Given the above, the request for EMG/NCV BLES is not medically necessary.