

Case Number:	CM15-0038518		
Date Assigned:	03/09/2015	Date of Injury:	11/27/1999
Decision Date:	04/10/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	03/02/2015

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: California, Indiana, New York
Certification(s)/Specialty: Internal 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:

The injured worker is a 37-year-old male, who sustained an industrial injury on November 27, 1999. The diagnoses have included lumbar sprain/strain, lumbar radiculopathy, myofascial pain and chronic pain. A progress note dated February 2, 2015 provided the injured worker complains of constant low back pain radiating down legs with numbness and tingling. He reports prior acupuncture was very effective. He uses medication, home exercise program and Transcutaneous Electrical Nerve Stimulation (TENS) unit.

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: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines TENS, Massage Therapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, EMG/NCV.

Decision rationale: Pursuant to the Official Disability Guidelines, bilateral lower extremity EMG/NCV studies are not medically necessary. Nerve conduction studies are not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. EMGs may be useful to obtain unequivocal evidence of radiculopathy, after one month conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. The ACOEM states unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging if symptoms persist. In this case, the injured worker's working diagnoses are chronic low back pain; chronic lumbar musculoligamentous sprain/strain; lumbar radiculopathy; and myofascial pain. There is minimal justification for performing their conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Subjectively, the injured worker has low back pain that radiates to the lower extremities with numbness and tingling. Objectively, there is tenderness palpation overlying the lumbar paraspinal muscles and parafacet L4, L5 and S1. There is tenderness palpation in the SI joint with left straight leg raising. There were no objective neurologic deficits on physical examination. There are no unequivocal neurologic findings on neurologic examination sufficient to warrant EMG/NCV's. Consequently, absent clinical documentation with guideline recommendations indicating minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy, bilateral lower extremity EMG/NCV is not medically necessary.