

Case Number:	CM15-0039247		
Date Assigned:	03/09/2015	Date of Injury:	09/27/2014
Decision Date:	04/14/2015	UR Denial Date:	02/04/2015
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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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 45 year old female with an industrial injury dated September 27, 2014. The injured worker diagnoses include lumbar spine sprain/strain with right sciatica, rule out L5 radiculopathy, and rule out insomnia. She has been treated with diagnostic studies, radiographic imaging, prescribed medications and periodic follow up visits. According to the progress note dated 1/6/2015, the injured worker reported lumbar spine pain radiating to the right lower extremity with associated numbness and tingling. The injured worker also reported positive instability and gait disturbance due to numbness and tingling in the right lower extremity. Functional status was unchanged since prior exam. Physical exam revealed mild distress, frustration, difficulty rising from sitting position and gait favoring the right lower extremity. Treatment plan consist of prescribed medication, physical therapy, acupuncture therapy, and request for single point cane.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyogram/Nerve Conduction Study of Bilateral Lower Extremities: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177.

Decision rationale: ACOEM guidelines support ordering of imaging studies for emergence of red flags, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. Per MTUS ACOEM p182, with regard to the detection of neurologic abnormalities, EMG for diagnosis of nerve root involvement if findings of history, physical exam, and imaging study are consistent, is not recommended. Per progress report dated 1/6/15, the injured worker reported lumbar pain rated 5-9/10 that was achy and burning, with radicular pain to the right lower extremity. The injured worker noted gait instability due to the numbness and tingling with two falls. There was radiation of the pain to the right lower extremity. As the injured worker presents with clinically obvious radiculopathy in the form of right leg pain, numbness, tingling, and gait instability, the request for EMG/NCS is not medically necessary.