

Case Number:	CM15-0042674		
Date Assigned:	03/12/2015	Date of Injury:	08/14/2002
Decision Date:	04/16/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	03/06/2015

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: Emergency 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 60 year old male, who sustained an industrial injury on August 14, 2002. The mechanism of injury is unknown. The injured worker was diagnosed as having back pain, lumbar radiculopathy, right L5, S1 numbness and right foot weakness. Treatment to date has included medication, lumbar epidural steroid injection and diagnostic studies. On January 28, 2015, the injured worker complained of continued low back pain radiating to the right lower extremity associated with numbness and weakness to the right leg and foot. The treatment plan included an EMG/NCS of the bilateral lower extremities, medication and follow-up appointment.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/ NCS - Bilateral Lower Extremities (02/13/2015), quantity 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Nerve Conduction Studies (NCS).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 303.

Decision rationale: The requested EMG/ NCS - Bilateral Lower Extremities (02/13/2015), quantity 1, is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 12, Low Back Complaints, page 303, Special Studies and Diagnostic and Treatment Considerations, note "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study." The injured worker has continued low back pain radiating to the right lower extremity associated with numbness and weakness to the right leg and foot. The treating physician has documented decreased right L5-S1 sensation but has documented positive neurologic findings to the left lower extremity. The criteria noted above not having been met, EMG/ NCS - Bilateral Lower Extremities (02/13/2015), quantity 1, is not medically necessary.