

Case Number:	CM15-0055385		
Date Assigned:	03/30/2015	Date of Injury:	09/30/2013
Decision Date:	05/01/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	03/23/2015

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: North Carolina, Georgia
 Certification(s)/Specialty: Family Practice

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 58 year old male who sustained an industrial injury on September 30, 2013. Treatment included activity modification, medications, and multiple epidural steroid injections (ESI) without improvement. A lumbar spine magnetic resonance imaging (MRI) was performed on July 31, 2014. The injured worker was diagnosed with lumbar disc herniation. According to the primary treating physician's progress report on March 2, 2015 the injured worker continues to experience low back pain radiating down the left leg with numbness and tingling in the left foot and left hand. Examination of the lumbar and lumbosacral spine demonstrated no tenderness to palpation with diminished range of motion on flexion and extension. The radiating pain was documented in the L4 distribution. Decreased sensation was noted at the left lateral thigh to the anterior knee with positive ipsilateral supine straight leg raise on the left and positive Lasegue's sign. Current medications are listed as Gralise, Norco, Baclofen, Meloxicam and topical analgesics. Treatment plan includes medications and the current request for an Electromyography (EMG)/Nerve Conduction Velocity (NCV) of the left lower extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG (electromyography)/NCV (nerve conduction velocity) of the lower left extremity:
 Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

Decision rationale: CA MTUS/ACOEM allows for the use of EMG and NCV for the evaluation of radiculopathy and peripheral neuropathy when symptoms are present for more than a few weeks. These tests may help identify subtle focal neurologic dysfunction in cases of lower extremity symptoms. The submitted records do describe symptoms consistent with the MRI findings and the surgeon has indicated that surgery is a consideration. EMG findings will be expected to provide guidance in planning surgery. EMG bilateral lower extremities is medically indicated and necessary.