

Case Number:	CM15-0059727		
Date Assigned:	04/06/2015	Date of Injury:	02/10/2007
Decision Date:	05/07/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/30/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 51-year-old male, with a reported date of injury of 02/10/2007. The diagnoses include herniated lumbar disc with left lower radiculopathy and bilateral knee degenerative joint disease. Treatments to date have included an MRI of the lumbar spine, an electromyography/nerve conduction velocity study of the lower extremities, Methadone, Norco, Zanaflex, Lyrica, Lidoderm patches, and x-rays of the bilateral knees. The progress report dated 02/06/2015 indicates that the injured worker complained of low back pain with radiation down the buttocks area and both legs. There was flare-up pain and weakness in both legs. The injured worker also had severe pain in both knees. It was noted that medication helped to relieve the pain symptoms. The objective findings include limited range of motion of the lumbar spine, decreased sensation in the L5 and S1 region, radicular pain into both lower extremities worse on the right, bilateral positive straight leg raise test, and an antalgic gait. The treating physician requested an electromyography/nerve conduction velocity (EMG/NCV) of the bilateral lower extremities. The rationale for the request was not indicated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography and Nerve Conduction Velocity for the 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 12 Low Back Complaints Page(s): 309.

Decision rationale: The injured worker sustained a work related injury on 02/10/2007. The medical records provided indicate the diagnosis of herniated lumbar disc with left lower radiculopathy and bilateral knee degenerative joint disease. Treatments have included Methadone, Norco, Zanaflex, Lyrica, and Lidoderm patches. The medical records provided for review do not indicate a medical necessity for Electromyography and Nerve Conduction Velocity for the bilateral lower extremities. The records indicate the injured worker has positive straight raise, lower extremities sensory loss (both features suggesting presence of radiculopathy), a previous electromyography and Nerve Conduction Velocity in 2010 revealed presence of radiculopathy. The MTUS recommends against doing physiologic studies like electromyography in cases with clinically obvious radiculopathy, besides, a previous test was positive for radiculopathy. Therefore, this request is not medically necessary.