

Case Number:	CM15-0060975		
Date Assigned:	04/07/2015	Date of Injury:	09/11/2012
Decision Date:	05/06/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	03/31/2015

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, Florida, California
 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 54-year-old female, with a reported date of injury of 09/11/2012. The diagnoses include degenerative disc disease of the lumbar spine at L4-5, moderate to severe facet spondylosis at L4-5 and L5-S1 associated with grade 1 degenerative spondylolisthesis at L4-5, and bilateral lower extremity radiculitis. Treatments to date have included an x-ray of the lumbar spine; physical therapy for the low back, without help; and oral medications. The progress report dated 03/06/2015 indicates that the injured worker complained of increased, constant, moderate to severe lower back pain, which radiated to both of her legs to her feet, with some numbness and tingling. The physical examination showed a mildly antalgic gait; moderate to severe tenderness to palpation of the lumbar spinous processes, especially at the lower lumbar levels and the lumbosacral junction; mild tenderness in the lumbar paraspinal muscles; moderate tenderness at the sacroiliac joints; mild tenderness over both of the sciatic nerves; sitting straight leg raise test done to approximately 50 degrees, with lower back pain as well as bilateral buttock pain and bilateral radicular leg pain that extended to the feet. The treating physician requested an electromyography (EMG) of the bilateral lower extremity and nerve conduction velocity (NCV) of the bilateral lower extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) of the Bilateral Lower Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2014, Low Back/EMGs (electromyography).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004). Chapter 12, page 303.

Decision rationale: In this case, there are descriptions of low back pain, and what appears to be subjective symptoms of numbness. There are no objective neurologic exam findings noted. The MTUS ACOEM notes that electrodiagnostic studies may be used when the neurologic examination is unclear, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. In this case, there was not a neurologic exam showing equivocal signs that might warrant clarification with electrodiagnostic testing. The request was not medically necessary.

Nerve Conduction Velocity (NCV) of the Bilateral Lower Extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2014, Nerve Conduction Studies (NCS).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004). Chapter 12, page 303.

Decision rationale: In this case, there are again descriptions of low back pain, and what appear to be subjective symptoms of numbness. There are no objective neurologic exam findings noted. The MTUS ACOEM notes that electrodiagnostic studies may be used when the neurologic examination is unclear, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. In this case, there was not a neurologic exam showing equivocal signs that might warrant clarification with electrodiagnostic testing. The request was not medically necessary.