

Case Number:	CM15-0082435		
Date Assigned:	05/04/2015	Date of Injury:	08/25/2006
Decision Date:	06/04/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	04/29/2015

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: 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 65-year-old male, who sustained an industrial injury on 08/25/2006. He has reported injury to the neck and back. The diagnoses have included lumbar pain, rule out lumbar radiculopathy; cervicgia, rule out cervical radiculopathy; and sensory neuropathy secondary to diabetes. Treatment to date has included medications, diagnostics, traction, and physical therapy. Medications have included Valium and Codeine. A progress note from the treating physician, dated 04/02/2015, documented a follow-up visit with the injured worker. The injured worker reported low back pain with pain into both feet and pain in both sides of his lower back down to his legs; severe spasms; and neck pain into his right and left upper neck and upper arm. Objective findings included pain in the right trapezius; pain to palpation in the lumbar area bilaterally. Retrospective (date of service 04/02/2015) request is being made for EMG (Electromyography)/NCV (Nerve Conduction Velocity) for the bilateral lower extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro EMG/NCV for the Bilateral Lower Extremities (DOS: 4.2.15): Upheld

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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter/Nerve Conduction Studies (NCS).

Decision rationale: The MTUS Guidelines do not specifically address nerve conduction studies of the lower extremities. Per the ODG, nerve conduction studies are not recommended because there is minimal justification of performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Per the MTUS Guidelines, EMG may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. There is no objective evidence of lumbar radiculopathy in the injured worker. Therefore, the request is not medically necessary.