

Case Number:	CM15-0082575		
Date Assigned:	05/05/2015	Date of Injury:	06/12/2012
Decision Date:	06/11/2015	UR Denial Date:	04/02/2015
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, Massachusetts

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:

This 50 year old woman sustained an industrial injury on 6/12/2012. The mechanism of injury is not detailed. Evaluations include electromyogram/nerve conduction studies of the bilateral lower extremities dated 9/24/2012, lumbar spine MRI dated 8/8/2012, and a left foot MRI dated 12/3/2012. An EMG/NCV test on 9/24/12 showed showed no evidence of lumbosacral radiculopathy and mild suggestion of peripheral motor polyneuropathy with delayed latencies.. Diagnoses include lumbar radiculopathy, foot pain, and sacroiliac pain. Treatment has included oral and topical medications, lumbar radiofrequency ablation, and use of cane. Physician notes dated 2/123/2015 show complaints of low back pain with radiations to the bilateral lower extremities and left foot rated 8/10. Recommendations include use of a walker, Cymbalta, follow up with urology, electromyogram/nerve conduction study of the bilateral lower extremities, continue home exercise program, continue TENS unit, continue use of rolling walker, Butrans patch increase, Astelin, decrease Oxycodone, restart Flexeril, restart Cymbalta, stop Celebrex, stop Tizanidine, continue Voltaren gel, stop Celexa, and follow up in four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyograph (EMG) and nerve conduction velocity (NCV) of the bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 176.

Decision rationale: According to ACOEM guidelines (MTUS is silent in this regard), an EMG and nerve conduction velocities may help identify subtle focal neurologic dysfunction in patients. For this particular injured worker there was a previous EMG/NCV study performed in 2012 which showed no evidence of lumbosacral radiculopathy and mild suggestion of peripheral motor polyneuropathy with delayed latencies. There has not been a documented progression of the IW's condition in either objective physical exam findings or focal radicular symptoms. There is limited evidence to suggest significant changes in his clinical status that would necessitate retesting of electrodiagnostic testing. Consequently retesting at this time without clear objective evidence of clinical progression or new injury is not medically necessary at this time.