

Case Number:	CM15-0084132		
Date Assigned:	05/06/2015	Date of Injury:	08/07/2012
Decision Date:	06/04/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	05/01/2015

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: Arizona, California

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 27 year old female, who sustained an industrial injury on 8/7/2012. She reported low back pain after lifting 80-pound coil of wire. The injured worker was diagnosed as having lumbar disc herniation at L5-S1 with annular fissure deviating left S1 nerve root, lumbar radiculitis and sciatica, and chronic myofascial pain syndrome. Treatment to date has included medications, magnetic resonance imaging, epidural steroid injections, chiropractic treatment, and home exercises. The request is for electrodiagnostic studies of the bilateral lower extremities. A magnetic resonance imaging of the lumbar spine completed on 11/3/2014, revealed disc protrusion, and herniation. On 3/20/2015, she complained of constant low back pain shooting down her left leg with tingling, numbness and paresthesia. She rated her pain as 6-8/10. Physically she is noted to have tenderness in the lumbar spine area with a diminished sensation to light touch along medial and lateral border of the left leg, calf and foot. The treatment plan included: electrodiagnostic studies, Relafen, Flexeril, and Neurontin.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV of the bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 309.

Decision rationale: According to the guidelines, an EMG/NCV is not recommended for clinically obvious radiculopathy but recommended for nerve root dysfunction. In this case, the claimant had an MRI, which indicated L4-S1 disc protrusion and exam findings with numbness and tingling. There was already consideration for a microdiscectomy. The request for an EMG /NCV would not provide additional information as noted in the clinical and imaging exams and is not medically necessary.