

Case Number:	CM15-0084518		
Date Assigned:	05/06/2015	Date of Injury:	04/05/2008
Decision Date:	06/08/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	05/04/2015

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: Pennsylvania
 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 42 year old male who sustained an industrial injury on April 5, 2008. He has reported injury to the lumbar spine and has been diagnosed with L1-2 facet arthropathy, L2-3 facet arthropathy, L3-4 broad based bulge and face arthropathy; result in moderate canal stenosis, L4-5, L5-S1 post-operative changes, and left chronic S1 radiculopathy. Treatment has included medical imaging, surgery, medications, physical therapy, acupuncture, and a TENS unit. The lumbar range of motion noted an active forward flexion to 40 degrees, extension to 10 degrees, right lateral flexion to 20 degrees, and left lateral flexion to 20 degrees. There was no tenderness noted. The treatment request included an EMG/NCV of the bilateral lower extremities for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat EMG/NCV of the bilateral lower extremities for the lumbar spine: 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.

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

Decision rationale: According to the MTUS, electromyography may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. Nerve conduction studies on the other hand are not recommended according to the ODG and there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Furthermore, EMG's are not necessary if radiculopathy is already clinically obvious. Given that this worker has pre-established diagnoses of lumbar radiculopathy from a previous EMG/NCS, repeat EMG/NCS would not be expected to add any further diagnostic clarity regarding his symptoms. It is not medically necessary to repeat the EMG/NCS.