

Case Number:	CM15-0085638		
Date Assigned:	05/08/2015	Date of Injury:	10/14/2013
Decision Date:	06/10/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	05/06/2015

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 44 year old male who sustained an industrial injury on 10/14/2013 when a piece of concrete fell on him. The injured worker has a medical history of diabetes mellitus. The injured worker was diagnosed with displacement of lumbar intervertebral disc without myelopathy and right lower extremity radiculopathy. Treatment to date includes diagnostic testing with lumbar magnetic resonance imaging (MRI) and recent Electromyography (EMG)/Nerve Conduction Velocity (NCV) on April 6, 2015, physical therapy, epidural steroid injection and medications. According to the primary treating physician's progress report on March 23, 2015, the injured worker continues to experience low back pain radiating down the posterolateral area of the right lower extremity to the thigh. Examination demonstrated flattened lordosis with forward flexion about 40 degrees and extension around 10 degrees. The injured worker has spasm and guarding at the right paravertebral muscles only. Straight leg raise is positive on the right and absent on the left. There is trace weakness with ankle dorsi, plantar flexion and extensor hallucis longus muscle on the right. Reflexes are 1+ and equal at the patellar and Achilles. Current medications are listed as Naproxen and Pantoprazole. Treatment plan consists of modified work restrictions, medications and the current request for an Electromyography (EMG)/Nerve Conduction Velocity (NCV) (DOS: 4/6/2015).

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): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: Guidelines state that nerve conduction studies are not recommended when a patient is presumed to have a radiculopathy but may be appropriate when the neurologic exam is less clear and to assess for nerve dysfunction before obtaining an imaging study. In this case, there is a lack of documentation showing that the patient has any neurological deficits which would support the request for electrodiagnostic studies. The request for EMG/NCV bilateral lower extremities is not medically appropriate and necessary.