

Case Number:	CM15-0086634		
Date Assigned:	05/08/2015	Date of Injury:	05/06/2013
Decision Date:	06/30/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	05/05/2015

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 53-year-old, female who sustained a work related injury on 5/9/13. The diagnoses have included lumbar sprain/strain and lumbar radiculopathy both legs. The treatments have included chiropractic treatments, acupuncture and medications. In the PR-2 dated 3/13/15, the injured worker complains of constant lumbar spine pain. She rates this pain level at 7/10. She has pain that radiates to both legs to feet. She has numbness, tingling and weakness in both legs. The treatment plan includes a request for NCV/EMG studies of lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG left lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: 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. The injured worker is diagnosed with chronic low back pain with subjective radiculopathy. The sensory-motor exam was normal. The objective exam does not include evidence of urological dysfunction. The requesting physician is requesting does not provide explanation of why EMG would be necessary for this injured worker. The request for EMG left lower extremity is determined to not be medically necessary.

NCV right lower extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back updated 03/24/2015 Online Version.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter/Nerve Conduction Studies (NCS) Section.

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. The sensory-motor exam was normal. The objective exam does not include evidence of urological dysfunction. The requesting physician does not provide explanation of why NCV would be necessary for this injured worker, who already has identified pathology. The request for NCV right lower extremity is determined to not be medically necessary.

NCV left lower extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back updated 03/24/2015 Online Version.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter/Nerve Conduction Studies (NCS) Section.

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. The sensory-motor exam was normal. The objective exam does not include evidence of urological dysfunction. The requesting physician does not provide explanation of why NCV would be necessary for this injured worker, who already has identified pathology. The request for NCV left lower extremity is determined to not be medically necessary.

EMG right lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: 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. The injured worker is diagnosed with chronic low back pain with subjective radiculopathy. The sensory-motor exam was normal. The objective exam does not include evidence of urological dysfunction. The requesting physician is requesting does not provide explanation of why EMG would be necessary for this injured worker. The request for EMG right lower extremity is determined to not be medically necessary.