

Case Number:	CM15-0087364		
Date Assigned:	05/11/2015	Date of Injury:	07/03/2014
Decision Date:	06/11/2015	UR Denial Date:	04/29/2015
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: North Carolina
 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 36-year-old male, who sustained an industrial/work injury on 7/3/14. He reported initial complaints of back pain. The injured worker was diagnosed as having lumbar herniated nucleus pulposus, lumbar radiculopathy, and lumbar facet arthropathy. Treatment to date has included medication, transcutaneous electrical nerve stimulation (TENS) unit, epidural block, a facet block, and physical therapy. MRI results were reported on 10/10/14 revealed lateral recess protrusion at L4-5 that slightly displaces the right L5 nerve root, focal nerve root impingement at L3-4 due to disc bulge. Currently, the injured worker complains of lower back pain, rated 7/10 that would radiate into the buttocks at times and with occasional weakness. Per the primary physician's progress report (PR-2) on 4/9/15, examination revealed reduced lumbar spine range of motion, 4+/5 motor strength, hyper reflective reflexes bilaterally. Current plan of care included medication and pain management. The requested treatments include EMG/NCV (electromyogram/nerve conduction velocity) of bilateral lower extremities and ongoing follow-ups with pain management specialist.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV of bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Nerve conduction studies (NCS).

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

Decision rationale: The ACOEM chapters on low back complaints and the need for lower extremity EMG/NCV states: Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computer tomography [CT] for bony structures). Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. There are unequivocal objective findings of nerve compromise on the neurologic exam provided for review. However, there is not mention of surgical consideration. There are no unclear neurologic findings on exam. For these reasons, criteria for lower extremity EMG/NCV have not been met as set forth in the ACOEM. Therefore, the request is not medically necessary.

On-Going follow-ups with pain management specialist: 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), Pain Chapter, Office Visits.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, medical reevaluations.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The ODG states follow up evaluation is based on medical necessity as shown by the patient's response to treatment and ongoing complaints. The need for ongoing reevaluation as long as the patient remains symptomatic is true, however the request is for indefinite amount of follow up reevaluations and therefore cannot be medically necessary.