

Case Number:	CM15-0089969		
Date Assigned:	05/14/2015	Date of Injury:	10/19/2012
Decision Date:	06/22/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	05/11/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 33-year-old male, who sustained an industrial injury on 10/19/2012. The injured worker is currently diagnosed as having status post left lumbar microdecompression, left lumbar radiculopathy, history of cauda equine syndrome with neurogenic bladder, and lumbar myofascial pain. Treatment and diagnostics to date has included lumbar spine surgery, chiropractic treatment, Transcutaneous Electrical Nerve Stimulation Unit, trigger point injections, acupuncture, lumbar spine MRI, home exercise program, and medications. In a progress note dated 04/15/2015, the injured worker presented with complaints of increased pain in his left lower extremity and throbbing pain and prickling sensation in his left leg. Objective findings include lumbar muscle spasm, mild antalgic gait, and decreased sensation in the left L5 dermatome. The treating physician reported requesting authorization for electromyography/nerve conduction studies of the bilateral lower extremities.

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): 303, 304.

Decision rationale: EMG/NCV of the bilateral lower extremities is not medically necessary per the MTUS Guidelines. The MTUS states that 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. Per documentation the patient was certified on utilization review #1123302 (3/10/15) to have 1 EMG/NCV of the bilateral lower extremities therefore the request for EMG/NCV of the bilateral lower extremities is not medically necessary.