

Case Number:	CM14-0213070		
Date Assigned:	12/30/2014	Date of Injury:	10/18/2011
Decision Date:	02/27/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	12/19/2014

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: Internal 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 primary treating physician's progress report dated October 8, 2014 documented that the patient presented with low back pain. He reports that he is doing better. He feels that the massage therapy helping with decrease pain and tightness. He reports that he is able to work full time, but he does continue to have pain and numbness into his right buttocks. He reports that he continues to have pain with bending, driving, and stooping type activities. He reports that he is doing stretching exercises daily with some relief. He reports that the medications are helping. He feels that the Norco helps significantly but it tends to make him tired. He is wanting something that he could take while at work that will not make him tired, He wants to limit his Norco intake. He does not need any refills of the Omeprazole. He describes his low back pain as a burning type pain. He reports that his pain and numbness goes down his right leg. His pain level without medications is 6-7/10 and with medication is a 4-5/10 in intensity. His pain is better with walking, laying down, medications, and ice. His pain is worse with standing, sitting, stooping, squatting, bending, and lifting. He denies any new symptoms. He enjoys camping, bike riding, swimming, and vacationing. He denies nausea, vomiting, fever, chills, sedation, abdominal pain, bowel or bladder dysfunction, or depression. He denies any new cardiopulmonary symptoms. He denies any new trauma or injury. The progress report dated October 8, 2014 documented that the patient reported low back pain that radiated down his right leg. Physical examination of the lumbar spine demonstrated that strength was grossly normal and sensation was intact. Patellar and achilles reflexes were 1+ bilaterally. Straight leg raise was positive bilaterally. Diagnoses included chronic pain syndrome, low back pain, lumbar disc pain, lumbar degenerative disc

disease, and lumbar radicular pain. Treatment plan was documented. Norco and Tramadol were prescribed. Electromyography (EMG) and nerve conduction velocity (NCV) were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Electromyogram and Nerve Conduction Studies for 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 (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305, 308-309,333-796. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Lumbar & Thoracic (Acute & Chronic) Nerve conduction studies (NCS) Work Loss Data Institute. Bibliographic Source: Work Loss Data Institute. Low back -- lumbar & thoracic (acute & chronic). Encinitas (CA): Work Loss Data Institute; 2013 Dec 4. <http://www.guideline.gov/content.aspx?id=47586>

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses electromyography (EMG). American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints state that EMG for clinically obvious radiculopathy is not recommended. EMG is recommended to clarify nerve root dysfunction. Official Disability Guidelines (ODG) Low Back, Lumbar & Thoracic (Acute & Chronic) states that nerve conduction studies (NCS) are not recommended. Work Loss Data Institute guidelines for the low back states that nerve conduction studies (NCS) are not recommended. The progress report dated October 8, 2014 documented that the patient reported low back pain that radiated down his right leg. Physical examination of the lumbar spine demonstrated that strength was grossly normal and sensation was intact. Patellar and Achilles reflexes were 1+ bilaterally. Straight leg raise was positive bilaterally. Per ACOEM, EMG for clinically obvious radiculopathy is not recommended. Official Disability Guidelines (ODG) indicate that nerve conduction studies (NCS) are not recommended. The request for electromyography (EMG) and nerve conduction velocity (NCV) is not supported by MTUS, ACOEM, ODG, or Work Loss Data Institute guidelines. Therefore, the request for 1 Electromyogram and Nerve Conduction Studies for the Bilateral Lower Extremities is not medically necessary.