

Case Number:	CM14-0216178		
Date Assigned:	01/06/2015	Date of Injury:	04/18/2012
Decision Date:	02/24/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/24/2014

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: New Jersey
 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 worker is a 57 year old male who was injured on 4/18/12. He was diagnosed with lumbar strain/sprain, lumbar intervertebral disc displacement, and lumbar radiculitis. MRI from He was treated with medications, epidural injection, and physical therapy. MRI of the lumbar spine from 11/4/14 showed mild lateral stenosis of the L4-L5 level. On 11/18/14, the worker was seen by his treating physician, reporting continual low back pain. Trigger points were found in the lumbar area on physical examination. He was then recommended MRI and EMG/NCV testing for the lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG of the bilateral lower extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The MTUS ACOEM Guidelines state that for lower back complaints, nerve testing may be considered when the neurological examination is less clear for symptoms that last more than 3-4 weeks with conservative therapy. In the case of this worker who has a history of chronic low back pain, there was a report of numbness in his legs in previous progress notes, but recent progress notes near the time of the request for EMG/NCV testing did not include objective physical evidence of radiculopathy (not even addressed in the documentation as being present or absent) in order to warrant any further testing to help clarify the diagnosis. Also, there was no evidence that the worker was experiencing any change in his symptoms which might have warranted further testing in this area. Therefore, the EMG/NCV testing will be considered medically unnecessary.