

Case Number:	CM15-0000110		
Date Assigned:	01/09/2015	Date of Injury:	05/30/2014
Decision Date:	03/05/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	12/31/2014

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: 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 37 year old male, who sustained an industrial injury on May 30, 2014. He has reported lower back pain with radiation in his legs with numbness and tingling. The diagnoses have included low back pain/strain with left-sided radiculitis with mild L4-L5 and L5-S1 disc protrusion. Treatment to date has included x-rays, physical therapy with electrical stimulation and therapeutic exercises, home exercises, activity modifications, and medications. Currently, the injured worker complains of sever lower back pain with radiation to bilateral legs, which was more on the right and right plantar pain. There was numbness and tingling. Current treatment included physical therapy and pain, proton pump inhibitor, anti-inflammatory, and muscle relaxant medications. On December 10, 2014, EMG (electromyography)/NCV (nerve conduction velocity) studies of the bilateral lower extremities were performed. On December 26, 2014 Utilization Review non-certified a request for an EMG/NCV (nerve conduction velocity) study of the lower extremities, noting that EMGs may be useful to obtain unequivocal evidence of radiculopathy, after 1 month of conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. The Official Disability Guidelines (ODG) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV of lower extremities: Overturned

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): 300-303.

Decision rationale: MTUS Guidelines support electrodiagnostic testing when there are subtle neurological issues that need further evaluation. The fact that this individual has bilateral foot numbness and tingling makes the diagnosis of a radiculopathy unclear and justifies both NCV and EMG studies. The request for lower extremity electrodiagnostic NCV and EMG studies is consistent with Guidelines and is medically necessary.