

Case Number:	CM15-0009094		
Date Assigned:	01/27/2015	Date of Injury:	02/27/2013
Decision Date:	03/18/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	01/15/2015

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: 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 injured worker is a 37-year-old male patient, who sustained an industrial injury on 02/27/2013. A radiographic study performed on 11/21/2014 revealed a magnetic resonance imaging of the lumbar spine showing disc desiccation at L4-L5 with associated loss of disc height; Modic type II end plate degenerative changes at the inferior end plate of L-4 and superior end plate of L-5; straightening of the lumbar lordotic curvature; L3-L4 focal left foraminal disc herniation which is causing left neural foraminal narrowing; L4-L5 diffuse disc herniation causing spinal canal stenosis with note of associated stenosis of the bilateral lateral recess with deviation of the left L-5 transiting nerve root of which the disc material causes bilateral neural foraminal narrowing with contact on the left L-5 exiting nerve roots. A primary treating office visit dated 11/07/2014 reported present complaint of worsening lower back pain. He stated the pain radiates to the buttocks, back of left knee and left ankle with associated burning sensation. The pain is noted to increase with walking prolonged standing and it decreases when resting. Physical examination found tenderness to palpation with spasms of the paraspinals bilaterally and tenderness to palpation of the left sacroiliac joints with atrophy of the left gluteal muscle. He is noted to have limited range of motion secondary to the pain. He is diagnosed with lumbar spine sprain/strain with radiculopathy; lumbar spine disc protrusion; lumbar radiculopathy; chronic pain, major depressive disorder, borderline personality trait and insomnia. On 12/18/2014 Utilization Review non-certified a request for a re-repeat low back electromyography, noting the ACOEM Low Back, electromyography was cited. The injured worker submitted an application for independent medical review on 01/15/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV Bilateral Lower Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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, the reported symptoms and documented findings from 11/7/14 at the time of this request were similar to prior reports, suggesting no significant change which might warrant repeat EMG/NCV testing. There was no physical finding which showed any neurological compromise except for positive sitting root testing. Therefore, the EMG/NCV testing for the lower extremities will be considered medically unnecessary.