

Case Number:	CM15-0104561		
Date Assigned:	06/08/2015	Date of Injury:	04/08/2015
Decision Date:	07/09/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/01/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 43 year old female, who sustained an industrial injury on 4/8/15. The injured worker has complaints of lower back and left leg pain. The documentation noted that there are spasms of the thoracolumbar spine and paravertebral musculature and tenderness of the thoracolumbar spine and paravertebral musculature. The diagnoses have included lumbar disc degeneration; sprain/strain lumbar and sciatica and muscle spasm back. Treatment to date has included chiropractic treatment; nabumetone; acetaminophen; omeprazole; prednisone and magnetic resonance imaging (MRI) was noted for multilevel disc disease. The request was for electromyography/nerve conduction velocity of the lower extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCV of the lower extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low back, nerve conduction studies (NCS).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Chapter 12, "Low Back Complaints", Table 12-8, Electrodiagnostics, page 309.

Decision rationale: Per MTUS Guidelines, without specific symptoms or neurological compromise consistent with radiculopathy, foraminal or spinal stenosis on imaging, medical necessity for NCV has not been established. Submitted reports have not demonstrated any correlating symptoms and clinical findings to suggest any lumbar radiculopathy, peripheral neuropathy, or entrapment syndrome, only with continued chronic pain with exam findings of limited range without consistent myotomal and dermatomal neurological deficits. Additionally, there is minimal justification for performing nerve conduction studies (NCV) when a patient is presumed to have symptoms on the basis of radiculopathy. Submitted reports have not demonstrated specific positive imaging study with specific consistent myotomal or dermatomal correlation to support for these electrodiagnostic studies. The NCV of the lower extremity is not medically necessary and appropriate.

EMG of the lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG Low Back EMGs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chapter 12, "Low Back Complaints", Table 12-8, Electrodiagnostics, page 309.

Decision rationale: Per MTUS Guidelines, without specific symptoms or neurological compromise consistent with radiculopathy, foraminal or spinal stenosis, medical necessity for EMG and NCV has not been established. Submitted reports have not demonstrated any symptoms or clinical findings to suggest any lumbar radiculopathy or entrapment syndrome. The EMG of the lower extremity is not medically necessary and appropriate.