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| Case Number: | CM15-0108165 | | |
| Date Assigned: | 06/12/2015 | Date of Injury: | 12/10/2009 |
| Decision Date: | 07/14/2015 | UR Denial Date: | 05/18/2015 |
| Priority: | Standard | Application Received: | 06/04/2015 |

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 65 year old male, who sustained an industrial injury on 12/10/09. The injured worker has complaints of low back pain radiating into both lower extremities. The documentation noted that the injured worker has pain in the right hip and lower extremity increased significantly with burning and numbness and weakness. The diagnoses have included status post L4 to S1 (sacroiliac) facetectomy, foraminotomy, laminectomy. Treatment to date has included neurontin; Norco and ibuprofen; physical therapy made the injured workers symptoms significantly worse; acupuncture and massage that made his symptoms worse; epidural steroid injection, which did not help, made his symptoms worse and electromyography/nerve conduction velocity studies were normal from 5/13/10. The request was for electromyography/nerve conduction velocity studies of the lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV Studies of The Lower Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 303-304.

Decision rationale: This 65 year old male has complained of low back pain since date of injury 12/10/09. He has been treated with surgery, epidural steroid injection, acupuncture and medications. The current request is for EMG/NCV studies of the lower extremities. The available medical records do not document any evidence of a nerve entrapment that would necessitate obtaining NCV studies of the lower extremities. On the basis of the available medical records and per the ACOEM guidelines cited above, EMG/NCV studies of the lower extremities are not indicated as medically necessary.