

Case Number:	CM15-0015187		
Date Assigned:	02/03/2015	Date of Injury:	08/16/1997
Decision Date:	03/20/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	01/27/2015

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 53 year old male, who sustained an industrial injury on 8/16/1997. On 1/27/15, the injured worker submitted an application for IMR for review of EMG/NCV for left lower extremity. The treating provider has reported the injured worker complained of mild pain with some numbness in the right lower extremity that goes to heel, numbness in both great toes. The diagnoses have included lumbago, degenerative disc disease lumbar spine. Treatment to date has included physical therapy, Cervical C2-C3 fusion (2010), x-rays (9/9/14) and MRI cervical (no date) and MRI lumbar (12/12/14), and urine toxicology screening. On 1/20/15 Utilization Review non-certified EMG/NCV for left lower extremity. The MTUS and ACOEM Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV for left lower extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

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, there was an unusual physical finding of left big toe numbness, but with known and persistent right-sided leg radiculopathy, including numbness to the big toe. The provider noticed that the left sided numbness didn't follow a dermatomal pattern and the cause was left unclear which is why the nerve testing of the left lower extremity was ordered. In the opinion of the reviewer, this is a reasonable request considering the unclear nature of the physical finding. Therefore, the EMG/NCV for left lower extremity will be considered medically necessary.