

Case Number:	CM15-0017146		
Date Assigned:	02/03/2015	Date of Injury:	09/22/2014
Decision Date:	03/23/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	01/26/2015

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: Emergency 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 62-year-old male, with a reported date of injury of 09/22/2014. The diagnosis includes lumbar spine sprain/strain with radicular complaints. Treatments have included oral medications and an MRI of the lumbar spine on 09/26/2014. The orthopedic re-evaluation report dated 12/22/2014 indicates that the injured worker continued to have intermittent moderate low back pain with radiation to the left leg. The objective findings included increased tone and tenderness about the paralumbar musculature with tenderness at the midline thoraco-lumbar junction and over the level of L5-S1 facets and right greater sciatic notch; decreased left L4, L5, and S1 sensory, and muscle spasms. The treating physician requested an electromyography/nerve conduction velocity (EMG/NCV) study of the bilateral lower extremities to assess the injured worker's neurological complaints. On 01/05/2015, Utilization Review (UR) denied the request for an electromyography/nerve conduction velocity (EMG/NCV) study of the bilateral lower extremities, noting that there was no documentation of radiculopathy after one month of conservative therapy. The ACOEM Guidelines and the Official Disability Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCV/EMG of the Lower Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, 60-61. Decision based on Non-MTUS Citation ODG, Low Back Chapter, EMG (Electromyography) and NCS (Nerve Conduction Studies)

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

Decision rationale: The requested NCV/EMG of the Lower Extremities , is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 12, Low Back Complaints, page 303, Special Studies and Diagnostic and Treatment Considerations, note "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. The injured worker has intermittent moderate low back pain with radiation to the left leg. The objective findings included increased tone and tenderness about the paraspinal musculature with tenderness at the midline thoraco-lumbar junction and over the level of L5-S1 facets and right greater sciatic notch; decreased left L4, L5, and S1 sensory, and muscle spasms. The treating physician has not documented failed conservative therapy trials. The criteria noted above not having been met, NCV/EMG of the Lower Extremities is not medically necessary.