

Case Number:	CM15-0113038		
Date Assigned:	06/19/2015	Date of Injury:	06/30/2012
Decision Date:	09/09/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/11/2015

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: Physical Medicine & Rehabilitation, Neuromuscular 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 58 year-old male who sustained an industrial injury on 06-30-12. Initial diagnoses and treatments are not available. Current diagnoses include lumbar sprain-strain, and osteoarthritis. Diagnostic testing and treatment to date has included radiographic imaging, computerized range of motion and muscle test, chiropractic care, physical therapy, and pain medication management. Currently, the injured worker complains of constant aching in the lower back; he has radiculopathy from the left lower extremity down to the ankle, with weakness, numbness, and tingling. His gait is antalgic and he moves about stiffly. Pain medication offers temporary relief. Requested treatments include electromyograph (EMG) and nerve conduction studies (NCS) of the bilateral lower extremities and lumbar spine. The injured worker is under work restrictions. Date of Utilization Review: 06-03-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyograph (EMG) and nerve conduction studies (NCS) of the bilateral lower extremities and lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, EMCs (electromyography), and Nerve conduction studies (NCS).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back- lumbar and thoracic-Nerve conduction studies (NCS).

Decision rationale: Electromyograph (EMG) and nerve conduction studies (NCS) of the bilateral lower extremities and lumbar spine is not medically necessary per the MTUS and the ODG. The ODG states that there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. The ODG state that electromyography (EMG) is recommended as an option for low back. The MTUS states that electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. The documentation does not reveal evidence of focal neurologic deficits on physical exam. There is no evidence to suggestive peripheral polyneuropathy or entrapment/compression neuropathy as the symptoms appear radicular. The request for an EMG/NCS is not medically necessary.