

Case Number:	CM15-0113839		
Date Assigned:	06/22/2015	Date of Injury:	09/28/2010
Decision Date:	07/21/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/12/2015

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: Preventive Medicine, Occupational 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 44 year old female patient who sustained an industrial injury on 09/28/2010. On 02/18/2015, and 05/18/2015 she underwent a left hip bursal injection. On 05/15/2015 the patient underwent psychological evaluation and was diagnosed with somatic symptom disorder with predominant pain, persistent mild. The primary treating diagnoses is lower back facetogenic pain preventing prolonged sitting and she is status post left sacroiliac joint fusion. Lumbar MRI 4/2/2015 showed degenerative disc disease at L4-5 and L5-S1. Previous treatment modalities include physical therapy, acupuncture, facet and epidural injections, stretching, chiropractic care, exercises, medications and use of a transcutaneous nerve stimulator unit. In the provider note dated 5/19/2015, the injured worker complained of mid low back pain radiating into bilateral hips and thighs and occasional burning, numbness and tingling. She has ongoing issues with occasional bladder and bowel incontinence. On exam, there was lumbosacral tenderness, restricted lumbar range of motion and normal lower extremity reflexes and motor exam.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG (electromyography)/ NCV (nerve conduction velocity), Bilateral Lower Extremities:
Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back & Lumbar & Thoracic (acute & chronic) - Lumbar Nerve conduction studies (NCS), Electromyography (EMG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-4, 309.

Decision rationale: Electromyography (EMG) and Nerve Conduction Velocity (NCV) are diagnostic tests used to measure nerve and muscle function, and may be indicated when there is pain in the limbs, weakness from spinal nerve compression, or concern about some other neurologic injury or disorder. Criteria for their use are very specific. The EMG-NCV tests will identify physiologic and structural abnormalities that are causing nerve dysfunction. Although the literature does not support its routine use to evaluate for nerve entrapment or low back strain, it can identify subtle focal neurologic dysfunction in patients whose physical findings are equivocal and prolonged (over 4 weeks). When spinal cord etiologies are being considered, sensory-evoked potentials (SEPs) would better help identify the cause. This patient has not been given a diagnosis that would suggest a need for this test but the non-specific nature of the pain pattern and the examination does imply a subtle focal neurologic deficit may be present. Medical necessity for this procedure has been established.