

Case Number:	CM15-0115118		
Date Assigned:	06/23/2015	Date of Injury:	06/05/2014
Decision Date:	07/23/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	06/15/2015

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:

This 29 year old male sustained an industrial injury to the low back on 6/5/14. Magnetic resonance imaging lumbar spine showed L5-S1 disc herniation. Previous treatment included magnetic resonance imaging, physical therapy, aqua therapy, hot/cold therapy, home exercise and medications. In a urology consultation dated 3/27/15, the injured worker reported that he started having urinary frequency and urgency with post-void dribble a few weeks after his injury. The physician's impression was bladder dysfunction likely secondary to nerve damage from the industrial injury. The urologist recommended further diagnostic studies. In a PR-2 dated 4/28/15, the injured worker complained of ongoing low back pain and bilateral leg numbness. Physical exam was remarkable for tenderness to palpation to the lower lumbar spine paraspinal musculature with decreased range of motion, negative bilateral straight leg raise, intact lower extremity reflexes and decreased sensation to pinprick to bilateral lower extremities below the knee and to the left thigh. Current diagnoses included discogenic low back pain L5-S1, herniated nucleus pulposus L5-S1, urological diagnosis rule out urinary incontinence and sexual dysfunction. The treatment plan included continuing a urologic workup, electromyography/nerve conduction velocity test bilateral lower extremities and prescriptions for Norco and Zanaflex.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography and Nerve Conduction Velocity Studies of the Bilateral Lower Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment for Workers' Compensation, Online Edition Chapter: Low Back EMGs (electromyography).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic), EMGs (electromyography), Nerve conduction studies (NCS).

Decision rationale: According to the Official Disability Guidelines, EMG's are recommended as an option and may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy. Electromyography and Nerve Conduction Velocity Studies of the Bilateral Lower Extremities are not medically necessary.