

Case Number:	CM15-0115492		
Date Assigned:	06/23/2015	Date of Injury:	09/07/2006
Decision Date:	07/23/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	06/16/2015

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: Physical Medicine & Rehabilitation, Pain Management

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 32 year old female who sustained an industrial injury on 09/07/06. Initial complaints and diagnoses are not addressed. Treatments to date include medications and back surgery. Diagnostic studies include a MRI of the lumbar spine on 02/28/15 which showed multiple sites of lumbar disc herniation. Current complaints include back pain which radiates to the right foot. Current diagnoses include lumbar radiculopathy secondary to herniation and instability at the L5-S1. In a progress note dated 04/01/15, the treating provider reports the plan of care as medications including Norco, Ibuprofen, and Topamax and an electrodiagnostic study of the right lower extremity. The requested treatment includes an electrodiagnostic study of the right lower extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV of the Right Lower Extremity: Upheld

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

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

Decision rationale: Regarding the request for EMG of the right lower extremity, Occupational Medicine Practice Guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic exam are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery. When a neurologic examination is less clear however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. They go on to state that electromyography may be useful to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting more than 3 to 4 weeks. Within the documentation available for review, it appears that the patient has clinical and imaging evidence of radiculopathy and there is no clear rationale presented identifying the medical necessity of additional diagnostic testing such as incongruity between the clinical and imaging findings. In the absence of such documentation, the currently requested EMG of the right lower extremity is not medically necessary.