

Case Number:	CM15-0118357		
Date Assigned:	06/30/2015	Date of Injury:	02/09/2004
Decision Date:	07/29/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	06/18/2015

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: Massachusetts

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:

This 51 year old man sustained an industrial injury on 2/9/2004. The mechanism of injury is not detailed. Diagnoses include multilevel lumbosacral disc injury, myofascial pain syndrome, lumbosacral sprain/strain, lumbosacral radiculopathy, and depression. Treatment has included oral and topical medications and use of TENS unit at home. Physician notes dated 5/5/2015 show complaints of low back pain with intermittent bilateral lower extremity pain. Recommendations include electromyogram/nerve conduction studies of the bilateral lower extremities, lumbosacral MRI, continue use of TENS unit, Lidoderm patches, Mobic, Norco, and follow up in one month.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCV for the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) AANEM

Recommended Policy for Electrodiagnostic Medicine and Other Medical Treatment Guidelines
x AANEM Recommended Policy for Electrodiagnostic Medicine.

Decision rationale: The claimant sustained a work-related injury in February 2014 and continues to be treated for low back pain. When seen, he was having low back pain with transient lower extremity radicular symptoms. There was lumbar spine tenderness with decreased range of motion and straight leg raising was negative. No neurological deficit is documented. EMG/NCS testing and a lumbar spine MRI were requested. Electrodiagnostic testing (EMG/NCS) is generally accepted, well-established and widely used for localizing the source of the neurological symptoms and establishing the diagnosis of focal nerve entrapments, such as carpal tunnel syndrome or radiculopathy. Criteria include that the testing be medically indicated. In this case, there is no evidence of peripheral nerve compression. There is no documented neurological examination that would support the need for obtaining lower extremity EMG or NCS testing. This request is not medically necessary.

EMG for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Electrodiagnostic testing (EMG/NCS) and Other Medical Treatment Guidelines AANEM Recommended Policy for Electrodiagnostic Medicine.

Decision rationale: The claimant sustained a work-related injury in February 2014 and continues to be treated for low back pain. When seen, he was having low back pain with transient lower extremity radicular symptoms. There was lumbar spine tenderness with decreased range of motion and straight leg raising was negative. No neurological deficit is documented. EMG/NCS testing and a lumbar spine MRI were requested. Electrodiagnostic testing (EMG/NCS) is generally accepted, well-established and widely used for localizing the source of the neurological symptoms and establishing the diagnosis of focal nerve entrapments, such as carpal tunnel syndrome or radiculopathy. Criteria include that the testing be medically indicated. In this case, there is no evidence of peripheral nerve compression. There is no documented neurological examination that would support the need for obtaining lower extremity EMG or NCS testing. This request is not medically necessary.