

Case Number:	CM15-0119536		
Date Assigned:	06/30/2015	Date of Injury:	11/08/2012
Decision Date:	07/31/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	06/22/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 is a 30-year-old male patient who sustained an industrial injury on 11/8/2012 resulting in lower back pain. The diagnoses include lumbosacral disc degeneration and displacement with radiculopathy. He sustained the injury due to lifting. Per the doctor's note dated 6/1/2015, he had complaints of low back pain, radiating to the bilateral lower extremities. The physical examination revealed decreased deep tendon reflexes in bilateral knee and tenderness in the lumbar spine. The medications list includes norco and lyrica. He has had lumbar MRI dated 2/6/2013 which revealed spondylotic changes, Schmorl's node formation, multilevel posterior disc bulges at L3-4, L4-5 and L5-S1 and mild to moderate neural foraminal narrowing at L5-S1; EMG/NCS lower extremities dated 3/25/2013 with normal findings. He has undergone left L4-5 and L5-S1 transforaminal cannulation on 4/10/13 and 6/12/2013. He has physical therapy, chiropractic treatments, and epidural steroid injections. Relief from previous treatments has been temporary. The treating physician's plan of care includes electromyography and nerve conduction velocity of bilateral lower extremities. He is presently not working.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG and NCV of The BLE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

Decision rationale: Per ACOEM chapter 12 guidelines, "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." Per the records provided patient has low back pain, radiating to the bilateral lower extremities. The physical examination revealed decreased deep tendon reflexes in bilateral knee and tenderness in the lumbar spine. Patient has already had lumbar MRI dated 2/6/2013 which revealed spondylotic changes, Schmorl's node formation, multilevel posterior disc bulges at L3-4, L4-5 and L5-S1 and mild to moderate neural foraminal narrowing at L5-S1; EMG/NCS lower extremities dated 3/25/2013 with normal findings. These prior diagnostic study reports are not specified in the records provided. Significant change in signs or symptoms since this study that would require a repeat EMG/NCS is not specified in the records provided. Response to recent conservative therapy including physical therapy and pharmacotherapy is not specified in the records provided. The medical necessity for EMG and NCV of The BLE is not fully established for this patient at this time.