

Case Number:	CM15-0121241		
Date Assigned:	07/01/2015	Date of Injury:	06/06/2014
Decision Date:	08/06/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	06/23/2015

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: Emergency 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 39 year old male who sustained an industrial injury on 06/06/14. Initial complaints and diagnoses are not available. Treatments to date include medications and physical therapy. Diagnostic studies include x-rays and a MRI of the lumbar spine, none of which are available for review in the submitted documentation. Current complaints include low back pain. Current diagnoses include disc herniation at L5-S1 with impingent on the left S1 nerve root, left neuroforamal stenosis of the lumbar spine, mild central stenosis lumbar spine, and lumbago. In a progress note dated 05/19/15 the treating provider reports the plan of care as medications including Tizanidine and Naproxen, as well as work restrictions, and electrodiagnostic studies of the bilateral lower extremities. The requested treatments include electrodiagnostic studies of the bilateral lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) and Nerve Conduction Studies (NCS) of bilateral lower extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM California Plus, Web-based version: Low Back Complaints.

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

Decision rationale: The ACOEM guidelines states that and EMG and nerve conduction studies could be useful for identification of subtle neurologic dysfunction in patients with persistent low back symptoms. On May 19, 2015, the medical records indicate decreased sensation of the L4/5, S1 level on the right with a request for the stated studies to further delineate the anatomy, which is being treated. The MRI performed on 8/12/2014 showed paracentral disc herniation at the L5-S1 level. The etiology of the sensation deficit appears to be already determined based on the previous MRI findings, with sensation deficits seen at the same level. The need for further testing for evaluation of peripheral nerve dysfunction is not clear. There is no documentation of the potential change in treatment plan based on the results. As such, the request is not medically necessary.