

Case Number:	CM15-0122737		
Date Assigned:	07/07/2015	Date of Injury:	06/14/2012
Decision Date:	07/31/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	06/25/2015

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: Arizona, 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:

The injured worker is a 40-year-old female, who sustained an industrial injury on 6/14/2012. Diagnoses include low back pain, bilateral lumbar radiculopathy, herniated nucleus pulposus of the lumbar spine L5-S1 on the right, and lumbar foraminal stenosis bilaterally at L5-S1. Treatment to date has included diagnostics, surgical intervention (right sided L5-S1 microdiscectomy 11/20/2013) and conservative measures including a nerve block (2012) and medications that have included Advil, Tylenol, Hydrocodone, Valium, Norco, Diazepam, Aleve, Soma and Tramadol. Magnetic resonance imaging (MRI) of the lumbar spine dated 12/02/2014 showed bilateral L5-S1 foraminal stenosis with right sided L5-S1 disc protrusion. Per the Primary Treating Physician's Progress Report dated 1/08/2015, the injured worker reported progressively worsening symptoms. She reports lower back pain radiating down the bilateral legs, rated as 9/10 in severity. The symptoms have been present since surgery in 2013. Physical examination revealed an antalgic gait favoring the right leg. The plan of care included surgical intervention. Authorization was requested for EMG/NCV (nerve conduction studies) bilateral lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyograph (EMG) and nerve conduction velocity (NCV) of the bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Electrodiagnostic studies.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: According to the guidelines, an EMG is recommended to clarify nerve root dysfunction in cases of suspected disk herniation preoperatively or before epidural injection. It is not recommended for the diagnoses of nerve root involvement if history and physical exam, and imaging are consistent. An NCV is not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but recommended if the EMG is not clearly radiculopathy or clearly negative, or to differentiate radiculopathy from other neuropathies or non-neuropathic processes if other diagnoses may be likely based on the clinical exam. In this case, the claimant's history and physical are consistent. Prior MRI indicates a herniated nucleus pulposus. The claimant is scheduled for surgery. The request for EMG/NCV would not change plan of care and is not medically necessary.