

Case Number:	CM15-0126905		
Date Assigned:	07/13/2015	Date of Injury:	09/29/2014
Decision Date:	08/07/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/30/2015

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: Preventive Medicine, Occupational 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 42-year-old male who sustained an industrial injury on 9/29/2014 resulting in low back pain. He is diagnosed with sciatica, left SI joint impingement, radiculopathy secondary to annular tear of L4-5 disc, and lumbar pain. Treatment has included ice; oral and transdermal medication; physical therapy with report of some decrease in pain levels; epidural steroid injections with some reported pain relief; chiropractic therapy; lumbar support while seated; and, home exercise. The injured worker continues to report low back pain radiating down the buttocks bilaterally. The treating physician's plan of care includes electromyography and nerve conduction velocity of the lower bilateral extremities. He has work restrictions, but there is no documentation stating if he is presently working.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG (electromyography)/ NCV (nerve conduction velocity), Bilateral Lower Extremities:
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.

Decision rationale: MTUS Guidelines support electrodiagnostic testing if there is focal neurological changes not well evaluated by other medical testing. This individual does not meet the Guideline criteria. No dermatomal nerve loss patterns are documented. Sensation and strength is intact. Reflex is said to be present and diminished, but the location of this loss is not adequately defined. The stated rationale for the electrodiagnostic studies is to pinpoint the location for another epidural injection, but the MRI studies show only a single location where an epidural may be reasonable to perform. Under these circumstances, the request for the EMG (electromyography)/ NCV (nerve conduction velocity), Bilateral Lower Extremities is not supported by Guidelines as both the clinical findings and stated rational for the testing are not consistent with Guidelines. The testing is not medically necessary.