

Case Number:	CM15-0164459		
Date Assigned:	09/01/2015	Date of Injury:	01/25/2010
Decision Date:	12/09/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	08/21/2015

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, Florida, 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 51-year-old female who sustained an industrial injury on 1-25-2010 and has been treated for cervical disc disease, bilateral De Quervain's tenosynovitis and epicondylitis, and lumbar disc disease with radiculopathy. MRI dated 3-13-2015 showed lumbar degenerative disc disease with disc herniation L5-S1 with stenosis. On 7-10-2015, the injured worker reported pain rated at 9 out of 10 on a VAS scale. The low back pain had subsided after a lumbar epidural injection 6-13-2015 for five days with 50 percent relief but has returned. Objective lumbar examination revealed "limited" range of motion, tightness and tenderness over the lumbar paravertebral muscles; positive left-sided straight leg raises both seated and lying; and decreased sensation in the L5 and S1 dermatomes on the left. Lower extremity muscle testing revealed 4 out of 5 plantar flexors and foot evertors S1 on the left and positive Farfan test on the right and left. Documented treatment includes lumbar steroid epidural injection, chiropractic treatment, Tylenol No. 3, Motrin, and Gabapentin. The treating physician has requested an electromyography-nerve conduction velocity study of the right lower extremity, which was non-certified on 7-23-2015. She is presently not working.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 EMG/NCV study of the right lower extremity, as an outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines - Knee and Leg (Acute & Chronic) updated 5/5/2015.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods, Special Studies.

Decision rationale: American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004). Chapter 12, page 303. There is positive left straight leg raise, and decreased sensation in the L5 and S1 dermatomes. There is no mention of previous therapy. The MTUS ACOEM notes that electrodiagnostic studies may be used when the neurologic examination is unclear, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. In this case, the neurologic exam was excellent, and found clear findings. The request was appropriately not medically necessary.