

Case Number:	CM15-0173643		
Date Assigned:	09/15/2015	Date of Injury:	03/23/2015
Decision Date:	10/19/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/03/2015

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 39 year old male who sustained an industrial injury on 3-23-2015. The medical records indicate that the injured worker is undergoing treatment for degenerative left L4 neuroforaminal and extraforaminal disc protrusion, moderate L4 neuroforaminal stenosis with compression of the left L4 neuroforaminal nerve, and low back pain. Comorbid conditions include obesity (BMI 32.5). Treatment to date has included medication management, physical therapy, lumbar spine brace, cane and MRI studies. According to the progress report dated 8-6-2015, the injured worker complained of continued pain and discomfort in the left foot. He described it as an irritation to the nerve in the foot while ambulating and standing over prolonged periods of time. The level of pain was not rated. Per this medical record, the injured worker had been authorized for acupuncture; however, he had yet to initiate that form of therapy. The physical examination of the lumbar spine revealed moderate tenderness to palpation over the left paraspinous musculature at L4-L5. Range of motion was 40 degrees with active forward flexion, 10 degrees with extension, and 15 degrees with right and left lateral flexion; sensation was decreased to pinprick in L4-S1 dermatomes bilaterally. The current medications were Tramadol and Naproxen. Work status was noted as light duty with restrictions. The original utilization review (8-24-2015) partially approved a request for EMG of the bilateral lower extremities (original request was for EMG-NCS 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:

1 EMG/ NCS of the bilateral lower extremities: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Electromyography (EMG) and Nerve Conduction Velocity (NCV) are diagnostic tests used to measure nerve and muscle function, and may be indicated when there is pain in the limbs, weakness from spinal nerve compression, or concern about some other neurologic injury or disorder. Criteria for their use are very specific. The EMG-NCV tests will identify physiologic and structural abnormalities that are causing nerve dysfunction. Although the literature does not support its routine use to evaluate for nerve entrapment or low back strain, it can identify subtle focal neurologic dysfunction in patients whose physical findings are equivocal and prolonged (over 4 weeks). When spinal cord etiologies are being considered, sensory-evoked potentials (SEPs) would better help identify the cause. This patient has signs and symptoms suggesting a left L4 radiculopathy but the non-specific nature of the pain pattern and examination does imply other subtle focal neurologic deficits may be present as well. Medical necessity for this procedure has been established. The request is medically necessary.