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| Case Number: | CM15-0176367 | | |
| Date Assigned: | 09/17/2015 | Date of Injury: | 02/19/2014 |
| Decision Date: | 10/20/2015 | UR Denial Date: | 09/08/2015 |
| Priority: | Standard | Application Received: | 09/08/2015 |

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: Physical Medicine & Rehabilitation

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 61 year old male, who sustained an industrial injury on February 19, 2014. He reported an injury to his left low back and left hip. On August 24, 2015 the injured worker reported frequent left leg and foot pain. He rated the pain a 2 on a 10-point scale while resting and a 6 on a 10-point scale with activities. His pain was associated with numbness, locking and swelling and radiated to the left hip. He reported intermittent left hip pain which he rated a 1 on a 10-point scale with rest and a 6 on a 10-point scale with activities. On physical examination the injured worker had tenderness, guarding and spasm noted over the paravertebral regions bilaterally. He had a positive seated straight leg raise test on the left and his manual muscle testing was 4-5 strength with flexion, extension and bilateral lateral bending. His lumbar spine range of motion was limited due to pain and spasm. The injured worker was diagnosed as having lumbar degenerative joint disease, lumbar degenerative disc disease, lumbar myalgia, lumbar myospasm, and lumbar neuritis and radiculitis. Treatment to date has included chiropractic therapy, physical therapy, cortisone injection into the low back which provided no relief and lumbar microdiscectomy in October, 2014. A request for authorization for EMG-NCV of the bilateral lower extremities was received on August 31, 2015. On September 8, 2015, the Utilization Review physician determined that EMG-NCV of the bilateral lower extremities was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV of The BLE: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

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

Decision rationale: There was no correlating neurological deficits defined nor conclusive imaging identifying possible neurological compromise. MRI of the lumbar spine had no identified disc herniation, canal or neural foraminal stenosis demonstrated. Per MTUS Guidelines, without specific symptoms or neurological compromise consistent with radiculopathy, foraminal or spinal stenosis, and entrapment neuropathy, medical necessity for EMG and NCV has not been established. Submitted reports have not demonstrated any symptoms or correlating myotomal/ dermatomal clinical findings to suggest any lumbar radiculopathy or entrapment syndrome. The EMG/NCV of The BLE is not medically necessary and appropriate.