

Case Number:	CM15-0179120		
Date Assigned:	09/21/2015	Date of Injury:	08/24/2006
Decision Date:	10/23/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/11/2015

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: North Carolina

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 35 year old male, who sustained an industrial-work injury on 8-24-06. He reported initial complaints of right leg pain and back pain. The injured worker was diagnosed as having lumbar radiculopathy. Treatment to date has included medication, neurosurgical consultation, and diagnostics. MRI results were reported on 2-15-12 that demonstrated a 2 mm protrusion at L5-S1 with no nerve root impingement. EMG-NCV (electromyography and nerve conduction velocity test) were reported on 8-10-12 noted L5-S1 radiculitis. Currently, the injured worker complains of chronic right leg pain and back pain with increased numbness and tingling in the right leg that wraps around the leg towards the groin and to the foot. Current medication included Hydrocodone 10-325 mg and Diazepam. A cane is used with ambulation. Per the primary physician's progress report (PR-2) on 8-18-15, exam noted ambulation with a limp, difficulty getting out of a chair, decreased sensation in most of the right leg except for pain at night, straight leg raise was questionable to interpret, globally weak in the right lower extremity compared to the left, and extensor hallucis longus strength is 3 out of 5. The Request for Authorization date was 8-18-15 and requested service to include EMG (electromyography) - NCV (Nerve Conduction Velocity study) to lower extremities. The Utilization Review on 8-25-15 denied the request due to having prior EMG (electromyography) testing on 8-10-12 with no change in neurological (dermatome) status per CA MTUS (California Medical Treatment Utilization Schedule) Low Back Complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV lower extremities: 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: The ACOEM chapters on low back complaints and the need for lower extremity EMG/NCV states: Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computer tomography [CT] for bony structures). Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. There are unequivocal objective findings of nerve compromise on the neurologic exam provided for review. However, there is not mention of surgical consideration. There are no unclear neurologic findings on exam. For these reasons, criteria for lower extremity EMG/NCV have not been met as set forth in the ACOEM. Therefore, the request is not medically necessary.