

Case Number:	CM15-0062478		
Date Assigned:	04/08/2015	Date of Injury:	08/20/2012
Decision Date:	05/08/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	04/02/2015

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: New York

Certification(s)/Specialty: Internal 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 25 year old male, who sustained an industrial injury on August 20, 2012. He reported injuries to the back, bilateral lower extremities, left knee and bilateral feet. The injured worker was diagnosed as having chronic lumbar strain, lumbar disc herniation and left lower extremity radicular pain. Treatment to date has included diagnostic studies, physical therapy, chronic medication therapy and work modifications. Currently, the injured worker complains of continuous low back pain radiating to both legs, bilateral knee pain, toe pain and numbness, and pain in the mid and upper back associated with weakness, numbness and tingling in both legs. The injured worker reported an industrial injury in 2012, resulting in the above noted pain. He was treated conservatively without complete resolution of the pain. Evaluation on August 14, 2014, revealed continued low back pain with improved tingling and numbness of the lower extremities. Electrodiagnostic studies of the lower extremities were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCS of the bilateral lower extremities: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines NCV/EMG.

Decision rationale: There is no documentation provided necessitating EMG testing of both lower extremities. According to the ODG, EMG (Electromyography) and nerve conduction studies are an extension of the physical examination. They can be useful in adding in the diagnosis of peripheral nerve and muscle problems. This can include neuropathies, entrapment neuropathies, radiculopathies, and muscle disorders. According to ACOEM Guidelines, needle EMG and H-reflex tests to clarify nerve root dysfunction are recommended for the treatment of low back disorders. In this case, the physical exam findings provided in the records involve the left leg only. There is no indication for EMG/NCV of the bilateral lower extremities. Medical necessity for the requested item has not been established, as guideline criteria have not been met. The requested item is not medically necessary.