

Case Number:	CM15-0062993		
Date Assigned:	04/08/2015	Date of Injury:	05/21/2002
Decision Date:	05/14/2015	UR Denial Date:	03/20/2015
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: California, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 46 year old female, who sustained an industrial injury on 05/21/2002. She has reported subsequent back pain and was diagnosed with lumbar spondylolysis, lumbar sciatica and spinal stenosis. Treatment to date has included oral pain medication and transforaminal epidural steroid injections. In a progress note dated 02/23/2015, the injured worker complained of worsening back pain. An MRI of L5-S1 showed grade 2 spondylolisthesis with 25% slip. A request for authorization of electromyogram/nerve conduction studies of the bilateral lower extremities was made.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG (electromyography)/NCV (nerve conduction velocity) 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 ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: Electrodiagnostic studies, which must include needle EMG, are recommended where a CT or MRI is equivocal and there are ongoing pain complaints that raise questions about whether there may be a neurological compromise that may be identifiable (i.e., lower extremity symptoms consistent with radiculopathy, spinal stenosis, peripheral neuropathy, etc.) The UR physician's denial rationale was not clearly articulated. They did document a conversation with [REDACTED] where [REDACTED] noted that there are worsened neurological changes. In the 2/23/15 note, [REDACTED] explains that the symptoms of neuropathic pain are worsening, there is reduced strength and function, and altered sensation. The request is medically necessary.