

Case Number:	CM15-0068558		
Date Assigned:	04/16/2015	Date of Injury:	05/06/2014
Decision Date:	05/18/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/10/2015

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: Indiana

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 an 82-year-old male, who sustained an industrial injury on 5/6/2014. He reported injury from a trip and fall. The injured worker was diagnosed as having lumbosacral sprain/strain, lumbar radiculopathy and lumbar degenerative disc disease. There is no record of a recent diagnostic study. Treatment to date has included physical therapy and medication management. In a progress note dated 3/17/2015, the injured worker complains of low back pain that radiated to the left leg. The treating physician is requesting blood work and electromyography (EMG) /nerve conduction study 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:

Blood Tests (CBC, Alkaline Phosphatase and Calcium): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 313.

Decision rationale: Regarding blood tests, MTUS states "evaluate for specific suspected conditions e.g. AP/lateral X-rays, CBC, ESR, Bone scan, etc." The employee has lumbar radiculopathy but is also being evaluated for Paget's disease, which is a non-occupational injury. The blood tests are for the non-occupational injury diagnosis. Therefore, the request is not medically necessary.

EMG/NCV of Bilateral Lower Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Electrodiagnostic testing (EMG/NCS).

Decision rationale: ACOEM states "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." ODG states in the Low Back Chapter and Neck Chapter, "NCS is not recommended, but EMG is recommended as an option (needle, not surface) to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. Appropriately trained Physical Medicine and Rehabilitation or Neurology physicians should perform Electrodiagnostic studies. See also Monofilament testing". The employee has clinically obvious lumbar radiculopathy. It is unclear what diagnostic question this EMG would answer. Therefore, the request is not medically necessary.