

Case Number:	CM15-0078535		
Date Assigned:	05/01/2015	Date of Injury:	10/28/1998
Decision Date:	12/03/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	04/24/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 50 year old male who sustained an industrial injury on 10-28-1998. Medical records indicated the worker was treated for unspecified site of ankle sprain, sciatica, and lumbago. In the provider notes of 04-13-2015, the injured worker complains of moderately severe lower back pain that radiates to the bilateral lower extremities. It is described as burning and numbness. The worker denied aggravating factors. Symptoms are relieved by pain medication. On exam, he has a limping gait, normal lower extremity muscle tone, and normal paraspinal muscle tone. He has maximum tenderness in the piriformis. His motion is without pain, crepitus or evident instability. Straight leg raise elicits back pain only both in the left and the right.. Patrick's Faber is negative bilaterally. He has active painful range of motion in the lumbar spine with no limitations. He has pain in the right buttock to the heel, increases at night while sleeping, and he has pain and tightness in the left calf. The treatment plan included continuation of medications and an electromyogram. His medications include Wellbutrin, Neurontin, and Zoloft since at least 03-09-2015. His work status is temporary total disability. A request for authorization was submitted for EMG-NCV (electromyogram-nerve conduction velocity) study for the left lower extremity. A utilization review decision 04-23-2015 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV study for the left lower extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back - Nerve conduction studies (NCS).

Decision rationale: EMG/NCV study for the left lower extremity is not medically necessary per the MTUS Guidelines and the ODG. The MTUS states that 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. The ODG states that there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. The documentation is not clear that the patient has focal neurologic dysfunction on physical exam and the patient has radicular symptoms for which the ODG states that NCV studies are not necessary. For these reasons the request for EMG/NCV of the left lower extremity are not medically necessary.