

Case Number:	CM17-0000859		
Date Assigned:	01/05/2017	Date of Injury:	10/27/2016
Decision Date:	02/01/2017	UR Denial Date:	12/02/2016
Priority:	Standard	Application Received:	12/30/2016

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: Ohio, West Virginia, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Medical Toxicology

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 52 year old female with a date of injury on 10-27-2016. A review of the medical records indicates that the injured worker is undergoing treatment for contusion of hip and possible right leg radicular pain. According to the progress report dated 11-28-2016, the injured worker complained of right hip pain radiating to the right lower extremity to the right ankle and foot. The injured worker also reported popping in the low back. The physical exam (11-28-2016) revealed no tenderness over the right hip, ankle or foot. Treatment has included medication. The original Utilization Review (UR) (12-2-2016) denied a request for electromyography and nerve conduction study of the right lower extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG and NCS of the right lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2016, Section(s): Electrodiagnostic testing (EMG/NCS).

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 - Lumbar & Thoracic (Acute & Chronic), EMG, NCV.

Decision rationale: CA-MTUS recommends "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; "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. The available medical record does not provide documentation of failure of failure of conservative therapy prior to this request for a special study. Further, the guidelines recommend EMG for lower back/extremity studies but "NCS is not recommended." With appropriate documentation EMG may be indicated but NCS is not. As such, the request for EMG and NCS of the right lower extremity is not medically necessary.