

Case Number:	CM13-0012214		
Date Assigned:	12/11/2013	Date of Injury:	05/21/2011
Decision Date:	02/04/2014	UR Denial Date:	08/12/2013
Priority:	Standard	Application Received:	08/16/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 applicant has filed a claim for chronic low back pain and muscle spasm reportedly associated with an industrial injury of May 21, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; chiropractic manipulative therapy; two epidural steroid injections; and electrodiagnostic testing of January 31, 2013, notable for active L5 and S1 radiculopathies. In agreed medical evaluation of August 13, 2013, the applicant is given a 13% whole-person impairment rating owing to verified radiculopathy noted on EMG testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) and nerve conduction velocity (NCV) testing for the 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): 303.

Decision rationale: While the MTUS-adopted ACOEM Guidelines in chapter 12 and the updated ACOEM Guidelines do support EMG testing to help identify subtle, focal neurologic dysfunction in those individuals with low back symptoms which last greater than three to four weeks and likewise support NCS testing in those individuals in whom generalized peripheral neuropathy which can mimic sciatica is suspected. In this case, however, the applicant has already had earlier electrodiagnostic testing in 2013 which established a diagnosis of active L5 and S1 radiculopathies. The applicant was appropriately placed in lumbar DRE category III to reflect the active, electrodiagnostic confirmed radiculopathy. It is unclear why repeat testing is sought here as the diagnosis has seemingly been established. Accordingly, the request is not certified.