

Case Number:	CM13-0031668		
Date Assigned:	12/04/2013	Date of Injury:	05/18/2012
Decision Date:	03/18/2014	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	10/03/2013

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 Physical Medicine and Rehabilitation 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.

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 patient is a 53-year-old female who reported an injury on 05/18/2012. The patient is diagnosed with degeneration of cervical intervertebral discs, cervical disc displacement, cervical radiculitis, low back pain, lumbar disc displacement, and lumbar radiculopathy. The most recent physician progress note is dated on 07/23/2013 by [REDACTED]. The patient reported ongoing lower back pain with radiation to bilateral lower extremities. It is noted that the patient has undergone x-rays, MRIs, EMG/NCS, and CT scans. Physical examination revealed 2+ paralumbar spasm, tenderness to palpation, quadriceps atrophy, positive straight leg raising, absent lower extremity deep tendon reflexes, and decreased sensation. Treatment recommendations were not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Decision for EMG/NCV upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Electrodiagnostic Testing.

Decision rationale: California MTUS/ACOEM Practice Guidelines state electromyography and nerve conduction velocities may help identify subtle, focal neurologic dysfunction in patients with neck or arm symptoms lasting more than 3 or 4 weeks. As per the documentation submitted, the patient has maintained a diagnosis of cervical radiculitis. The latest physical

examination of the patient's cervical spine is dated 06/18/2013 by [REDACTED], and only revealed tenderness to palpation with limited range of motion. Sensation in the upper and lower extremities was noted to be intact at that time. There is no indication of a neurological deficit with regard to the upper extremities. The medical necessity for the requested procedure has not been established. Therefore, the request is non-certified

Decision for EMG/NCV lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Electrodiagnostic Testing.

Decision rationale: California MTUS/ACOEM Practice Guidelines state electromyography, including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. As per the documentation submitted, the patient's latest physical examination of the lumbar spine revealed quadriceps atrophy, paralumbar spasm, limited range of motion, positive straight leg raising, decreased sensation, and absent deep tendon reflexes in the lower extremities. It is also noted that the patient has undergone EMG/NCS in the past. The medical necessity of the requested procedure has not been established. Therefore, the request is non-certified.