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| Case Number: | CM13-0032039 | | |
| Date Assigned: | 12/04/2013 | Date of Injury: | 06/23/1997 |
| Decision Date: | 04/17/2014 | UR Denial Date: | 09/17/2013 |
| Priority: | Standard | Application Received: | 10/04/2013 |

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. The expert 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 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/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 patient is a 40-year-old female who reported an injury on 06/23/1997. The mechanism of injury was not provided. The patient's diagnoses were noted to include lumbar myofascial pain and failed back surgery times 3. The documentation submitted for review with the submitted request was dated 08/28/2013 and there were no physical examination findings on the examination note. The request was made for an EMG/NCV 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:

EMG BILATERAL LOWER EXTREMITIES: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS ELECTRODIAGNOSTIC STUDIES FOR ACUTE AND CHRONIC LOW BACK DISORDERS

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: ACOEM 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 clinical documentation failed to provide an objective physical examination. There was no DWC Form RFA to determine the date of

service being requested for review. Given the above, the request for EMG of the bilateral lower extremities is not medically necessary.

NCV BILATERAL LOWER EXTREMITIES: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG) OFFICIAL DISABILITY GUIDELINES , ELECTRODIAGNOSTIC STUDIES FOR ACUTE AND CHRONIC LOW BACK DISORDERS.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) LOW BACK CHAPTER, NERVE CONDUCTION STUDIES (NCS).

Decision rationale: Official Disability Guidelines do not recommend NCS as there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. There was no DWC Form RFA to determine the date of service being requested for review. Given the above, the request for NCV of the bilateral lower extremities is not medically necessary.