

Case Number:	CM13-0043040		
Date Assigned:	12/27/2013	Date of Injury:	07/14/2013
Decision Date:	10/30/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	10/30/2013

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 Louisiana. 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 male who was injured on 07/14/2014. The mechanism of injury has not been documented. Prior treatment history has included 8 sessions of physical therapy and medications. Progress report dated 09/24/2013 states the patient complained of constant sharp pain to the lower extremity bilaterally. The patient rated his pain as a 9/10 and it is decreased with medications. He also complained of bilateral hip pain. There were no documented objective findings on exam. He was diagnosed with lumbar spine injury and bilateral hip injury. He has been recommended for an EMG/NCV of bilateral lower extremities (bilateral hips and bilateral lower extremities). Prior utilization review dated 10/16/2013 states the request for EMG of the Bilateral Lower Extremities; and NCV of the Bilateral Lower Extremities was not certified as there was a lack of documented evidence to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG OF THE BILATERAL LOWER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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, EMGs (Electromyography)

Decision rationale: According to the Chronic Medical Pain Treatment Guideline, Electromyography may be useful to identify subtle, focal neurologic dysfunction in patients with symptoms lasting more than three to four weeks. Guidelines also states it may be used to obtain unequivocal evidence of radiculopathy, after one month conservative therapy, but are not necessary if radiculopathy is already clinically obvious. The supporting documentation indicated there was no unequivocal objective findings that identify specific nerve compromise on the neurologic examination therefore, this request is not medically necessary.

NCV OF THE BILATERAL LOWER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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, Nerve conduction studies (NCS)

Decision rationale: According to the Official Disability Guidelines, Nerve Conduction Studies are not recommended when patients presumed to have symptoms on the basis of radiculopathy. The supporting documentation indicated there was no unequivocal objective findings that identify specific nerve compromise on the neurologic examination therefore, this request is not medically necessary.