

Case Number:	CM13-0045338		
Date Assigned:	12/27/2013	Date of Injury:	02/01/2012
Decision Date:	04/24/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	11/12/2013

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 Geriatrics and is licensed to practice in New York. 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 injured worker is a 34 year old man was involved in a motor vehicle accident as the mechanism of injury on 2/1/12. He is status post a lumbar spine MRI in 5/12 revealing mild L3-4 and L4-5 discogenic disease with mild canal narrowing at L4-5 and lateral recesses of the traversing L5 nerve roots. He had an EMG/NNC in 8/12 which did not reveal any evidence of lumbar radiculopathy. He was seen by his physician on 8/20/13 with complaints of low back, right leg and left shoulder pain. His physical exam showed a mild limp favoring the right with limited range of motion of the lumbar spine and left shoulder and weakness of the muscles acting on the left shoulder. His diagnoses included lumbar spine radiculitis, suspect disc disease and status post left shoulder surgery. At issue in this review are EMG/NCS of the lower extremities.

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 OF THE LOWER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-326.

Decision rationale: Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with low back symptoms, or both, lasting more than three or four weeks. They can identify low back pathology in disc protrusion. There are no red flags on physical exam to warrant further imaging, testing or referrals. This injured worker has already had a lumbar MRI and prior electrodiagnostic studies in 2012 which did not reveal lumbar radiculopathy. The records do not support the medical necessity for EMG/NCV of the bilateral lower extremities.