

Case Number:	CM13-0067392		
Date Assigned:	01/03/2014	Date of Injury:	10/06/2013
Decision Date:	05/20/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/16/2013

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, has a subspecialty in Interventional Spine 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 54 year old male with an injury date of 10/06/13. Based on the 11/18/13 progress report by [REDACTED], the patient's diagnosis include cervical and lumbar spine sprain/strain, left shoulder derangement, and left shoulder rotator cuff syndrome. [REDACTED] is requesting for an EMG/NCV bilateral lower extremities. The utilization review determination being challenged is dated 12/03/13 and recommends denial of the EMG/NCV. [REDACTED] is the requesting provider, and he provided treatment reports from 10/08/13- 11/21/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV BILATERAL LOWER EXTREMITIES: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints.

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

Decision rationale: According to the 11/18/13 progress report by [REDACTED], the patient presents with cervical and lumbar spine sprain/strain, left shoulder derangement, and left shoulder rotator cuff syndrome. The request is for EMG/NCV bilateral lower extremities.

ACOEM Guidelines page 303 states, "Electromyography including H-reflex test may be useful to identify subtle focal neurologic dysfunctions in patients with low back symptoms lasting more than 3 or 4 weeks." This patient has had persistent pain in the low back since the first progress report provided on 10/08/13, lasting more than 3 to 4 weeks. Therefore this service is medically necessary.