

Case Number:	CM13-0071575		
Date Assigned:	01/08/2014	Date of Injury:	05/09/2013
Decision Date:	11/05/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	12/24/2013

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 injured worker is a 51 year-old male with a date of injury of 5/9/2013. The patient's industrially related diagnoses include head trauma, visual loss secondary to trauma and headaches. The disputed issues are EMG/NCV of bilateral lower extremities. A utilization review determination on 12/11/2013 had noncertified these requests. The stated rationale for the denial was that "the November 21, 2013 report did not establish objective examination findings of nerve deficit or dysfunction in the lower extremities to indicate the need for the requested electrodiagnostic testing per guidelines cited."

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: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 60-61, 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, and Electromyography.

Decision rationale: The request for an EMG of the bilateral lower extremities is not medically necessary. The California MTUS Guidelines note an EMG study is useful to assess with

identification of neurological dysfunctions in patients with low back symptoms when examination findings are less clear. The Guidelines recommend the documentation of failure of conservative care to alleviate symptoms. There is a lack of significant neurological deficits in a specific dermatomal or myotomal distribution. Additionally, there was a lack of clinical documentation indicating the injured worker had tried and failed conservative therapy. Therefore, the request is not medically necessary.

NCV Bilateral Lower Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 60-61, 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Electromyography.

Decision rationale: The request for a NCV of the bilateral lower extremities is not medically necessary. The Official Disability Guidelines do not recommend nerve conduction studies as there is minimal justification for performing nerve conduction studies when the patient is presumed to have symptoms on the basis of radiculopathy. There is a lack of significant documentation of neurological deficits such as decreased sensation or motor strength in a specific dermatomal or myotomal distribution. Additionally, there was a lack of clinical documentation indicating the injured worker had undergone and failed conservative treatment. Therefore, the request is not medically necessary.