

Case Number:	CM13-0071869		
Date Assigned:	01/08/2014	Date of Injury:	12/05/2012
Decision Date:	06/05/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	12/30/2013

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 Geriatrics, has a subspecialty in Family Practice 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 62 year old man with a date of injury of 12/5/12. He was seen by his primary treating physician on 11/25/13 with complaints of pain in his cervical and lumbar spine, improved with ibuprofen. His physical exam showed limited range of motion in both the cervical and lumbar spine. Muscle strength was 4/5 in C6,C7 and C8 as well as L4, L5 and S1. He had decreased sensation in the same distribution and tenderness to palpation in the lumbar paraspinal muscles. His diagnoses included chronic cervicothoracic sprain, lumbar sprain, diffuse arthralgias and myalgias, high blood pressure, diabetes and insomnia. MRI of the cervical and lumbar spine and EMG/NCV of the upper and lower extremities were requested and all certified except the NCV of the lower extremities which is at issue in this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCV OF 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 Low Back-Lumbar And Thoracic (Acute And Chronic).

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. This injured worker has already been approved for a lumbar MRI and EMG of the lower extremities. There are no red flags on physical exam to warrant further imaging, testing or referrals. The records do not support the medical necessity for NCV of the bilateral lower extremities. Therefore the request is not medically necessary.