

Case Number:	CM14-0102750		
Date Assigned:	07/30/2014	Date of Injury:	09/09/2010
Decision Date:	08/29/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/03/2014

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 Anesthesiology, has a subspecialty in Pain Medicine 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 46 year old female who reported an injury to her low back when she was injured on 09/09/10. However no description of the initial injury was provided. A clinical note dated 01/21/14 indicated the injured worker complaining of low back pain. A clinical note dated 02/17/14 indicated the injured worker complaining of ongoing low back pain. The injured worker utilized Naproxen for pain relief. The injured worker described a dull ache in the lumbosacral spine. The injured worker attended therapy two times a week. A clinical note dated 02/20/14 indicated the injured worker complaining of throbbing low back pain radiating into the posterior aspect of bilateral lower extremities to the feet. Electrodiagnostic studies on 03/05/13 revealed no evidence of lumbar radiculopathy or plexopathy. No peripheral neuropathy was identified in the lower extremities. The note dated 01/15/13 revealed no neurological deficits in the lower extremities. Reflexes were present and equal bilaterally in 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) of the Bilateral 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): 303-4.

Decision rationale: The injured worker complained of low back pain radiating into the lower extremities. However, no neurological deficits have been identified upon exam. The injured worker has symmetric reflexes with no loss of sensation or strength. Therefore, the request for EMG of the Bilateral Lower Extremities is not indicated as medically necessary.

Nerve Conduction Velocity (NCV) Test of the Bilateral Lower Extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back: Nerve conduction studies (NCS).

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 Chapter, Nerve conduction studies (NCS).

Decision rationale: The injured worker complained of low back pain radiating into the lower extremities. However, no neurological deficits have been identified upon exam. The injured worker has symmetric reflexes with no loss of sensation or strength. Therefore, the request for Nerve Conduction Velocity is not medically necessary.