

Case Number:	CM14-0103464		
Date Assigned:	07/30/2014	Date of Injury:	09/12/1997
Decision Date:	10/02/2014	UR Denial Date:	06/04/2014
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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 55-year-old female was reportedly injured on September 12, 1997. The mechanism of injury is noted as lifting up a child. The most recent progress note, dated May 22, 2014, indicates that there are ongoing complaints of low back pain radiating to the left and right lower extremities. Current medications include Ketamine cream, Pantoprazole, Diclofenac Cream, Gabapentin, Nortriptyline, Aspirin, and Atenolol, Albuterol, and Tizanidine. The physical examination demonstrated the presence of an antalgic gait. There was decreased lumbar spine range of motion and tenderness along the paravertebral muscles. There was a positive right-sided straight leg raise test and 4/5 lower extremity muscle strength. Diagnostic imaging studies of the lumbar spine showed a fusion at L3 - L4 and L4 - L5 with hardware intact. Previous treatment includes intradiscal electrothermal therapy, epidural steroid injections, physical therapy, chiropractic care, acupuncture, aquatic therapy, and a lumbar support brace. A request had been made for repeat EMG and NCV studies of the bilateral lower extremities and was not certified in the pre-authorization process on June 4, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat EMG/NCV 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.

Decision rationale: A review of the attached medical records indicate that a previous EMG/NCV study was performed on August 17, 2009 which revealed a left-sided L5 radiculopathy and a mild chronic right-sided L5 and S1 radiculopathy. There are no documented changes or new findings of the injured employee's condition that would warrant a repeat study. As such he repeat EMG/NCV study of the bilateral lower extremities is not medically necessary.