

Case Number:	CM14-0113654		
Date Assigned:	08/01/2014	Date of Injury:	07/29/2010
Decision Date:	09/10/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	07/18/2014

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 Family Practice 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 57 year old female claimant sustained a cumulative work injury from 7/29/10 to 7/29/12 involving the neck, back and shoulders. She was diagnosed with cervical strain, thoracic strain, lumbar radiculitis, carpal tunnel syndrome and bilateral shoulder rotator cuff tears. A progress note on 7/2/14 indicated the claimant had increased right leg radiculopathy. Prior epidural helped but were wearing off. Exam findings were notable for a slight reduced range of motion of the lumbar spine and right shoulder. Prior MRIs showed lumbar disc protrusion in the L3 L4 region, L4 to L5 spondylolisthesis, spinal canal narrowing at L2 to L3, right shoulder impingement, and tendonosis in both shoulders of the supraspinatus muscles. The treating physician requested an EMG and nerve conduction velocity of the lower extremity. She is also awaiting appointment with a spine surgeon for which authorization has been approved.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG / NCV: 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): 309.

Decision rationale: According to the ACOEM guidelines, an EMG is not recommended for clinical obvious radiculopathy. It is recommended to clarify nerve root dysfunction. In this case, the claimant had a recent MRI and 3 prior treatments of epidural to manage pain and nerve root dysfunction. The diagnosis of radiculopathy is known. The need for an EMG is not medically necessary. In addition, electrical studies such as NCV are not indicated for the knee, foot or ankle. In addition, it is also necessary as in the indications of an EMG. Therefore an EMG is also not medically necessary.