

Case Number:	CM14-0135909		
Date Assigned:	09/03/2014	Date of Injury:	01/16/2013
Decision Date:	09/29/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	08/22/2014

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 Neurology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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:

7/8/14 note indicates injury 1/16/13. The insured reported falling and landing on the buttocks and right shoulder and struck head. There was loss of consciousness reported. On date of evaluation the insured had pain in the right shoulder, left knee, left rib cage, and headaches. There was burning, sharp dull aching pain with numbness and tingling in the right upper and left lower extremity with weakness reported. Examination noted tenderness in the lumbar spine. SLR was positive at 60 degrees in the seated position. There was antalgic gait and the insured was not able to perform heel or toe-walk. Sensation was decreased in the right C5-6 dermatome and the left S1 dermatome. The assessment included cervical and lumbar radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG), upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck, EMG.

Decision rationale: The medical records report pain with numbness and subjective weakness, however there is no reported weakness or reflex changes on examination recorded. The

assessment is reported to be radiculopathy. There is no indication of other suspected pathology such as neuropathy and no indication of other metabolic condition. When radiculopathy is clinically evident, ODG guidelines do not support a medical necessity of EMG. Therefore the request is not medically necessary.

Nerve conduction velocity (NCV): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck, NCV.

Decision rationale: The medical records report pain with numbness and subjective weakness, however there is no reported weakness or reflex changes on examination recorded. The assessment is reported to be radiculopathy. There is no indication of other suspected pathology such as neuropathy and no indication of other metabolic condition. When radiculopathy is clinically evident, ODG guidelines do not support a medical necessity of NCV. Therefore the request is not medically necessary.