

Case Number:	CM14-0138168		
Date Assigned:	09/05/2014	Date of Injury:	08/07/2011
Decision Date:	10/27/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/26/2014

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 Occupational 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:

Patient is a 47 year-old female with date of injury 08/07/2011. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 07/10/2014, lists subjective complaints as pain in the low back with radicular symptoms to the bilateral lower extremities. Objective findings: examination of the cervical spine revealed increased tone with associated tenderness about the paracervical and trapezial muscles. No trigger points, but some guarding. Examination of the lumbar spine revealed tenderness to palpation about the paraspinal musculature. Decreased flexion and extension was noted with spasms. Straight leg test was positive on the right. Diagnosis: 1. Cervical sprain with radiculopathy 2. Status post cervical fusion 3. Right shoulder rotator cuff bursitis/impingement 4. Right carpal tunnel syndrome 5. Lumbar spine strain with radiculopathy 6. Stress/anxiety 7. Gastritis. Past treatments include medications, an undetermined number of physical therapy visits and an undetermined number of acupuncture visits.

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 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) Low Back - Lumbar & Thoracic (Acute & Chronic), Nerve conduction studies (NCS)

Decision rationale: According to the Official Disability Guidelines, nerve conduction studies are not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy. Therefore the request is not medically necessary.

EMG of bilateral lower extremities: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: The ACOEM Guidelines state that electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. Although the patient does have a "positive straight leg test on the right", the neurologic exam shows no focal deficits or neurologic dysfunction. EMG of the lower extremities is not medically necessary.