

Case Number:	CM14-0164533		
Date Assigned:	10/16/2014	Date of Injury:	03/09/2005
Decision Date:	11/18/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	10/07/2014

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 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 had a date of injury on 3/9/2005. Mechanism of injury is not provided in the patient's medical records. MRI shows 2 level disc disease. Patient has had epidural injections with minimal improvement. Diagnosis includes: Discogenic lumbar condition with at least two-level disc disease. Patient had an electromyography (EMG) in 2012 which showed L5 radiculopathy on the left. Patient's medications include Tramadol, Neurontin, Terocin patches and Lidopro lotion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat electromyography (EMG)/nerve conduction velocity (NCV) 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): 309.

Decision rationale: Based on guidelines, it states EMG is not recommended for clinically obvious radiculopathy. According to the patient's medical records it states there was an EMG in 2012 done which already showed radiculopathy. There is no clear indication of why a repeat

EMG would be useful when a diagnosis of radiculopathy is already confirmed; therefore, repeat EMG/NCV is not medically necessary.