MAXIMUS Federal Services

Case Number:	CM14-0036010		
Date Assigned:	06/23/2014	Date of Injury:	01/23/2012
Decision Date:	12/31/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	03/24/2014

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 & Rehabilitation, 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 injured worker (IW) is a 34-year-old female with 1-23-12 date of injury. Records indicated she was initially injured when she slipped and fell to her buttocks while working as a housekeeper. Records from the treating physician indicate complaints in the neck, right shoulder, thoracic spine and lumbar spine. Physical examination findings are essentially normal with respect to neck and shoulder range of motion. No focal neurological deficits are noted. The IW is not currently working in any capacity. The current diagnoses are: Cervicalgia, Right shoulder strain, Thoracic pain and Lumbar pain. The utilization review report dated 2/20/2014 denied the request for EMG bilateral Lower Extremities and NCV bilateral lower extremities. Based upon lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: The injured worker is a 34-year old female with chronic complaints of neck, shoulder, mid-back and low back complaints. The current request is for EMG bilateral lower

extremities. The MTUS does not discuss NCV/EMG studies. The ODG states that EMGs (electromyography) are recommended as an option (needle, not surface) to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. In this case I find no evidence in the records to support the need for authorizing an EMG study. The guidelines state that if there is clinical evidence then assume radiculopathy exists. Based on the medical records for review there are no indications that radiculopathy exists and therefore testing is not indicated. Therefore, this request is not medically necessary.

Nerve Conduction Velocity (NCV) bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: The injured worker is a 34-year old female with chronic complaints of neck, shoulder, mid-back and low back complaints. The current request is for NCV bilateral lower extremities. The ODG guidelines states that NCS are not recommended for low back conditions. Therefore, this request is not medically necessary.