

Case Number:	CM14-0044143		
Date Assigned:	07/02/2014	Date of Injury:	11/02/2009
Decision Date:	08/25/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	04/11/2014

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 Anesthesiology, 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:

The injured worker is a 65-year-old male who reported an injury on 11/02/2009 due to a trip and fall. On 12/17/2013, the injured worker presented with postoperative cervical spine pain, right shoulder sharp pain, and bilateral hand numbness and tingling. Examination of the lumbar spine revealed decreased range of motion, positive bilateral Kemp's test, and a positive right-sided straight leg raise. There was spasm noted to the bilateral lumbar paravertebral musculature. Diagnoses were lumbar spine radiculopathy and right shoulder postoperative internal derangement repair. The provider recommended a bilateral electromyography (EMG) for the lower extremities and a bilateral nerve conduction velocity (NCV) for the lower extremities. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG, Right lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back (updated 02/13/14) EMGs (electromyography).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The request for an EMG of right lower extremity is not medically necessary. The California MTUS ACOEM Guidelines state that "EMG and NCV may be helpful to identify subtle and focal neurologic dysfunction in injured workers with low back symptoms lasting more than 3 to 4 weeks." There is lack of neurological deficits pertaining to the lumbar spine documented. The clinical note revealed spasm over the bilateral paravertebral musculature and a positive straight leg raise to the right. However, there is no evidence of a positive straight leg raise to the left, deficits related to sensation, motor strength, or reflexes. There is no indication of failure of conservative treatment to include physical therapy and medications. As such, the request is not medically necessary.

NCV, Left lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back (updated 02/13/14) Nerve conduction studies (NCS).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The request for an NCV of left lower extremity is not medically necessary. The California MTUS ACOEM Guidelines state that "EMG and NCV may be helpful to identify subtle and focal neurologic dysfunction in injured workers with low back symptoms lasting more than 3 to 4 weeks." There is lack of neurological deficits pertaining to the lumbar spine documented. The clinical note revealed spasm over the bilateral paravertebral musculature and a positive straight leg raise to the right. However, there is no evidence of a positive straight leg raise to the left, deficits related to sensation, motor strength, or reflexes. There is no indication of failure of conservative treatment to include physical therapy and medications. As such, the request is not medically necessary.

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