

Case Number:	CM14-0044397		
Date Assigned:	06/20/2014	Date of Injury:	07/03/2012
Decision Date:	07/18/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	03/19/2014

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 Internal Medicine and Emergency 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:

This patient is a 34 year-old with a date of injury of 07/03/12. A progress report associated with the request for services, dated 02/21/14, identified subjective complaints of neck, low back, and left shoulder pain. The low back pain radiates into the left lower extremity. Objective findings included tenderness to palpation of the low back. A neurological examination of the lower extremities is not documented. Previous MRI showed lumbar disc protrusion and foraminal narrowing. Diagnoses included lumbar disc protrusions. Treatment has included acupuncture and an oral analgesic. A Utilization Review determination was rendered on 03/04/14 recommending non-certification of One electromyography (EMG) and nerve conduction velocity (NCV) of the lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

One electromyography (EMG) and nerve conduction velocity (NCV) of the lower extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Second Edition (2004), Low Back Complaints, page 309 and Official Disability Guidelines, Treatment Index, 11th Edition (web), 2013, Low Back Chapter, Nerve Conduction Studies.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 303; 309.

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) states that for clinically obvious radiculopathy, electromyography (EMG) is not recommended. They note that an EMG may be indicated when the neurological exam is less clear before ordering imaging studies. In this case, there is no documentation that the physical examination is unclear and imaging studies have been done. The patient exhibits symptoms of a radiculopathy. An examination for a radiculopathy was not documented. Therefore, the record does not document the medical necessity for an electromyogram and nerve conduction study. The request is not medically necessary.