

Case Number:	CM14-0047181		
Date Assigned:	07/02/2014	Date of Injury:	08/16/2013
Decision Date:	08/20/2014	UR Denial Date:	03/17/2014
Priority:	Standard	Application Received:	04/15/2014

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 Geriatrics, and is licensed to practice in New York. 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 34 year old woman with a date of injury of 8/16/13. She complained of pain in her lumbar and thoracic spine, right shoulder and right wrist and hand. Her physical exam showed 3+ spasm and tenderness in the paraspinal muscles from T1-8 and L4 - S1 with bilateral positive Kemp's test and Yeoman's. She had a positive right straight leg raise and the L5-S1 dermatome was decreased to light touch on the right. Her diagnoses included lumbar and thoracic spondylosis with myelopathy. An MRI of the lumbar spine in 11/13 showed lumbar spondylosis L1-2 and L5-S1 disc.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography of the bilateral lower extremities: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: Electromyography (EMG), and nerve conduction velocities (NCV) may help identify subtle focal neurologic dysfunction in patients with low back symptoms, or both, lasting more than three or four weeks. This injured worker has already had a lumbar MRI diagnosing spondylosis. There are no red flags on physical exam to warrant further imaging,

testing or referrals. The records do not support the medical necessity for an EMG of the bilateral lower extremities. Therefore the request for Electromyography of the bilateral lower extremities is not medically necessary.

Nerve conduction velocity 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.

Decision rationale: Electromyography (EMG), and nerve conduction velocities (NCV) may help identify subtle focal neurologic dysfunction in patients with low back symptoms, or both, lasting more than three or four weeks. This injured worker has already had a lumbar MRI diagnosing spondylosis. There are no red flags on physical exam to warrant further imaging, testing or referrals. The records do not support the medical necessity for NCV of the bilateral lower extremities. Therefore the request for Nerve conduction velocity of bilateral lower extremities is not medically necessary.