

Case Number:	CM14-0049538		
Date Assigned:	07/07/2014	Date of Injury:	11/03/2013
Decision Date:	08/26/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	04/17/2014

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 and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review, indicate that this 37-year-old male was reportedly injured on November 3, 2013. The mechanism of injury was not listed in the records reviewed. The most recent progress note, dated April 26, 2014, indicated that there were ongoing complaints of flare-ups of low back pain. The physical examination demonstrated tenderness over the cervical, thoracic, and lumbar paravertebral muscles as well as the trapezius muscles. There were decreased spinal motion and a negative Spurling's test. There were also a negative straight leg raise test and decreased sensation in the upper and lower extremities in a patchy distribution. Diagnostic imaging studies were not reviewed during this visit. Previous treatment included oral medications, eight visits of physical therapy, and twelve visits for chiropractic care. A request was made for diagnostic (EMG/NCV) studies of the bilateral lower extremities and was not certified in the pre-authorization process on March 19, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV of the bilateral lower extremities: Upheld

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

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

Decision rationale: According to the American College of Occupational and Environmental Medicine, EMG and NCV studies are supported to help identify subtle focal neurological dysfunction in patients where a computed tomography (CT) or MRI is equivocal and there are ongoing lower extremity symptoms. The most recent progress note, dated April 26, 2014, did not conclusively identify an upper or lower extremity neuropathy. However, there was no apparent previous MRI of the lumbar spine to refer to, and a previous progress note, dated February 26, 2014, that recommended an MRI of the lumbar spine. Considering this, the request for diagnostic (EMG/NCV) studies of the bilateral lower extremities is not medically necessary.