

Case Number:	CM14-0063712		
Date Assigned:	07/11/2014	Date of Injury:	06/03/2009
Decision Date:	09/08/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/06/2014

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 50 year old woman with a date of injury of 6/3/09. She was seen by her physician on 3/13/14 for complaints of pain in her neck, left shoulder and low back. Her cervical spine showed flexion to 40 degrees and extension to 31 degrees. She was tender over C2-6 as well as the facet joints. Her shoulder exam showed tenderness of the left shoulder and positive impingement sign. Examination of the shoulders shows abduction of 140 on right and 90 degrees on left. She was tender from L1-S1 with lumbar flexion of 77 degrees and extension to 20 degrees. Her diagnoses were lumbar and cervical radiculopathy, cervical facet arthropathy, chronic pain, left lateral epicondylitis and left cubital tunnel syndrome. An MRI in 7/09 showed lumbar disc disease with a new posterior annular tear at L3-4, facet hypertrophy L4-5 and a 2mm disc bulge at L5-S1 with facet hypertrophy and right neuroforaminal narrowing. At issue is the request for electrodiagnostic studies of her lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) of 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 Page(s): 287-326.

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. They can identify low back pathology in disc protrusion. In this injured worker, there are no red flags on physical exam to warrant further imaging, testing or referrals. She was tender from L1-S1 with lumbar flexion of 77 degrees and extension to 20 degrees but there were no physical exam findings to support the medical necessity for an EMG of the bilateral lower extremities.

Nerve conduction velocity (NCV) of bilateral lower extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back (Official Disability Guidelines).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-326.

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. They can identify low back pathology in disc protrusion. In this injured worker, there are no red flags on physical exam to warrant further imaging, testing or referrals. She was tender from L1-S1 with lumbar flexion of 77 degrees and extension to 20 degrees but there were no physical exam findings to support the medical necessity for NCV of the bilateral lower extremities.