

Case Number:	CM14-0086873		
Date Assigned:	07/23/2014	Date of Injury:	10/10/2008
Decision Date:	08/27/2014	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	06/09/2014

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 Occupational Medicine and is licensed to practice in California. 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 patient is a 52 year-old male with date of injury 10/10/2008. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 05/01/2014, lists subjective complaints as pain in the shoulders, arms, neck, low back, and knees. Objective findings: Examination of the lumbar spine and lower extremities revealed tenderness to palpation of the paravertebral muscles. Range of motion of the lumbar spine was noted to be normal. Palpation revealed nonspecific tenders of both knees, moderate tenderness at the medial peripatellar and lateral collateral, bilaterally. Range of motion of the bilateral knees was noted as normal. No sensory information was included in the examination. Diagnosis: 1. Cervical sprain/strain 2. Thoracic strain/sprain 3. Lumbar strain/sprain 4. Shoulder train/sprain, bilateral 5. Numbness, bilateral arms 6. Numbness, bilateral legs 7. Strain/sprain knees, bilateral. Patient has had 12 sessions of physical therapy and 8 sessions of chiropractic care and noted limited improvement from these conservative treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 of 9 EMG - Lower Extremity: 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 Page(s): 303.

Decision rationale: The ACOEM Guidelines state that Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. The medical record does not present any documentation of focal neurologic dysfunction. EMG of the lower extremity is not medically necessary and appropriate.

6 of 9 NCV- Lower Extremity: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Nerve conduction studies (NCS).

Decision rationale: According to the Official Disability Guidelines, nerve conduction studies are not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy. The request is not medically necessary and appropriate.