

Case Number:	CM14-0088474		
Date Assigned:	07/23/2014	Date of Injury:	05/10/2013
Decision Date:	09/09/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	06/12/2014

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, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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 36 year old female with date of injury 5/10/2013. The mechanism of injury is described as bending over to pick up an object and straining her back. The patient has complained of chronic low back pain with intermittent pain in the bilateral lower extremities. She has been treated with physical therapy, acupuncture and medications. An MRI of the lumbar spine performed in 06/2013 revealed mild facet arthropathy at L3-S1 and mild degenerative disc disease at L5-S1. An EMG/NCV of the bilateral lower extremities performed in 09/2013 was normal. The objective decreased and painful range of motion of the cervical and lumbar spine, positive neck compression test. The diagnoses myofascial pain syndrome, cervical and thoracic spine pain, exaggerated pain syndrome. The treatment plan and request are EMG/NCV study of the bilateral lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG-NCV bilateral lower extr: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low back complaints Page(s): 303-304.

Decision rationale: This 36 year old female has complained of chronic low back pain with intermittent pain in the bilateral lower extremities since date of injury 5/10/2013. She has been treated with physical therapy, acupuncture and medications. The current request is for an EMG/NCV study of the bilateral lower extremities. The patient had an EMG/NCV study of the bilateral lower extremities performed in 09/2013, the results of which were normal. The available medical records do not document any new injuries, symptoms or physical examination findings since the previous study which would indicate the necessity of obtaining a repeat EMG/NCV of the bilateral lower extremities. On the basis of the MTUS guidelines cited above and the available provider documentation, EMG/NCV of the bilateral lower extremities is not indicated as medically necessary.