

Case Number:	CM14-0183992		
Date Assigned:	11/10/2014	Date of Injury:	02/24/2012
Decision Date:	04/23/2015	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/04/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Arizona, California

Certification(s)/Specialty: Family Practice

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 63 year old female who sustained an industrial injury on 02/24/14. Initial complaints include Pain in her head and shoulders. Diagnoses include: shoulder tendonitis, bilateral rotator cuff tears, cervical strain, and lumbar degenerative disc disease. Treatments include physical therapy, a shoulder injection, and a bilateral selected nerve root block in the lumbar spine. Diagnostic studies include x-rays, and multiple MRIs. Current complaints include low back, neck and shoulder pain, irritability, and altered sexual relations. MRI of the cervical and lumbar spine in April 12, 2012 showed L1-L2 degenerative disc changes, C5-C6, L4-L5 stenosis and degenerative changes of C4-C5. In a QME report dated 05/02/14 the treating provider reports the plan of care to include work restrictions, chronic pain management physician, medications, and physical therapy, acupuncture, or chiropractic treatment for flare-ups, and occasional epidural steroid injections for lumbar/cervical spine or trigger point injections. Exam findings were not notable for radicular findings or abnormal neurological exam. The requested treatments are nerve conduction studies 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/NCS of the 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 Page(s): 309.

Decision rationale: According to the guidelines, an EMG, NCV is not recommended for clinically obvious radiculopathy. It is recommended for clarifying nerve root dysfunction. In this case, the claimant did not have abnormal neurological findings suggestive of nerve root abnormalities. Prior MRIs did not indicate nerve root impingement. The request for bilateral lower extremity EMG/NCV is not medically necessary.