

Case Number:	CM14-0186395		
Date Assigned:	12/31/2014	Date of Injury:	06/20/2010
Decision Date:	02/05/2015	UR Denial Date:	10/25/2014
Priority:	Standard	Application Received:	11/10/2014

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 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 injured worker (IW) is a 44-year-old woman with a date of injury of April 26, 2014. The mechanism of injury as not documented in the medical record. The injured worker's working diagnoses are cervical spine strain/sprain; lumbar spine strain/sprain; bilateral shoulder strain/sprain; and bilateral ankle strain/sprain. Pursuant to the Primary Treating Physician's Progress Report (PR-2) dated September 9, 2014, the IW presents for re-evaluation of the cervical spine, thoracic, spine, bilateral shoulders, bilateral ankles, and lower back. The pain is worse during examination, and exacerbated by lifting, sitting, standing, walking, and bending. She has pain in the shoulders when reaching above the shoulders, reaching overhead, pulling, and pushing. A cervical pillow was requested, but no received yet. There are no radicular complaints noted in the subjective section of the medical record. The objective section of the medical record does not contain a brief or detailed neurologic evaluation. The examination states decreased range of motion with tenderness over T7 to T9 and L4 to S1 bilaterally. The request is for an EMG/NCV of the U/L extremities (Upper and lower extremities (??)). There is no clinical documentation in the medical record to support an EMG/NCV. The current request is for EMG/NCV bilateral lower extremities for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV for the bilateral lower extremities for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, EMGs (electromyography)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Neck Section, EMG/NCV.

Decision rationale: Pursuant to the ACOEM and the Official Disability Guidelines, EMG/NCV for the bilateral lower extremities for the lumbar spine are not medically necessary. The ACOEM states "EMG, including H reflex test, maybe useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks". The Official Disability Guidelines do not recommend nerve conduction studies. There is minimal justification for performing nerve conduction studies when the patient is presumed to have symptoms on the basis of radiculopathy. In this case, the injured worker's working diagnoses are cervical spine sprain/strain; lumbosacral strain/sprain; bilateral shoulder strain/sprain; and bilateral ankle strain/strain. The subjective complaints indicate reevaluation of the lower back. There are no radicular complaints noted in the subjective section of the medical record. The objective section of the medical record does not contain radicular findings and there is no brief or detailed neurologic evaluation. The examination states decreased range of motion with tenderness over T7 - T9 and L4 - S1 bilaterally. The request is for an EMG/NCV of the U/L extremities (?? Upper and lower extremities). There is no clinical documentation in the medical record to support an EMG/NCV. Consequently, absent radicular symptoms, radicular signs, a detailed neurologic evaluation and a clinical indication/rationale, EMG/NCV bilateral lower extremities for the lumbar spine are not medically necessary.