

Case Number:	CM14-0192413		
Date Assigned:	11/26/2014	Date of Injury:	09/17/2008
Decision Date:	01/16/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	11/17/2014

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 Family 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 51-year old female with a work related injury dated September 18, 2008. Report dated October 21, 2014 reflected pain described as sharp, dull aching pain, stabbing and burning in nature in the cervical, thoracic and lumbar spine. Pain is rated 5-7/10. Physical examination reflected weakness, numbness, stomach pain, nausea, chills, fevers, difficulty with swallowing, headaches, heartburn, vomiting, chest pain and night sweats. There was tenderness to palpation over the cervical paraspinal, over the trapezius and rhomboids and over the thoracic paraspinal. Range of motion of the cervical spine was limited due to pain with forward flexion 20 degrees, extension 20 degrees, lateral rotation 80 on the left and right and lateral flexion 45 degrees on the right and left. Range of motion of the thoracic spine was limited with forward flexion and extension 20 degrees and normal rotation. Range of motion of the lumbosacral spine was forward flexion and extension of 20 degrees, lateral flexion 25 degrees and lateral rotation 45 degrees. Diagnoses documented at this visit included cervical, trapezius, rhomboid, quadratus lumborum and lumbar strain, bilateral hip pain, ligament and muscle strain, muscle spasm and axial skeletal pain. UR dated October 31, 2014 non-certified the request for EMG and NCV. The rationale for non-coverage referenced ACOEM guidelines for EMG including H-reflex tests which may identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. The guideline criteria for this request had not been met. Per the documentation sensation, strength and reflexes were intact and there was no documentation of progressive neurological deficit, therefore the request was non-certified as not medically reasonable or necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV Bilateral Lower Extremities: 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: According to ACOEM guidelines, page 303, unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. However, in this case the medical records do not establish physical examination findings to cause concern for radiculopathy stemming from the lumbar spine. There is also no physical examination findings to cause concern for peripheral neuropathy. The patient is noted to have intact neurological status on clinical examination, and therefore, the request for painful electrodiagnostic studies is not medically necessary.