

Case Number:	CM15-0003356		
Date Assigned:	01/14/2015	Date of Injury:	07/30/2014
Decision Date:	03/24/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	01/07/2015

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: California, New York, Florida

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease, Critical Care Medicine

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 28-year-old female who reported an injury on 07/30/2014, due to an unspecified mechanism of injury. On 11/12/2014, she presented for a followup evaluation. She reported cervical spine pain with radiculopathy to both legs. The physical examination showed tenderness and spasms with decreased range of motion to the lumbar spine. It should be noted that the documentation provided was handwritten and mostly illegible. She was diagnosed with lumbar sprain/strain and bilateral lower extremity radiculopathy. The treatment plan was for an EMG of the bilateral lower extremities. The rationale for the treatment was to evaluate the injured worker's neuropathic symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV of bilateral lower extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2014, Low Back, Nerve Conduction Studies (NCS)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: According to the CA MTUS/ACOEM Guidelines, special studies are not needed unless there is documentation of specific nerve compromise on the neurologic examination to warrant imaging in patients who did not respond to treatment and who would consider surgery an option. It is also stated that EMG may be useful to identify subtle but focal neurologic dysfunction. Based on the clinical documentation submitted for review, the injured worker was noted to be symptomatic regarding the cervical and lumbar spine. However, there was a lack of documentation indicating that the injured worker has any neurological symptoms, such as decreased sensation or motor strength in a specific dermatomal or myotomal distribution to support the requested EMG/NCV. In addition, there was a lack of documentation showing that the injured worker was considering surgery as an option, or that she had failed to respond to conservative treatment. In the absence of this information, the request would not be supported by the evidence based guidelines. As such, the request is not medically necessary.