

Case Number:	CM15-0005867		
Date Assigned:	01/26/2015	Date of Injury:	04/10/2014
Decision Date:	03/17/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/12/2015

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: New York, Tennessee
 Certification(s)/Specialty: Emergency 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 23 year old male who sustained an industrial injury, reported on 4/10/2014. He has reported radiating low back pain. The diagnoses have included lumbar sprain/strain; acute lumbosacral strain; back spasm; and low back pain. Treatments to date have included consultations; diagnostic and imaging studies; lumbar support and roll; and medication management. The work status classification for this injured worker (IW) was noted to be temporarily totally disabled and on modified work duty. On 1/6/2015 Utilization Review (UR) non-certified, for medical necessity, the request, made on 12/18/2014; electromyogram and nerve conduction velocity studies to the right lower extremity - outpatient. The American College of Occupational and Environmental medicine Guidelines for low back disorders and electromyogram /nerve conduction studies of the lower extremities without leg symptoms, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/ NCV of the lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 61. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)/ Integrated Treatment Guidelines (ODG treatment in Workers Comp 2nd Edition)-

Disability Duration Guidelines (Official Disability Guidelines 9th Edition)/ Work Loss Data Institute

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

Decision rationale: Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. In this case the patient is not experiencing symptoms of radicular pain and there are no focal motor or sensory deficits. In addition documentation does not support that there had been a significant change in the patient's condition. Medical necessity has not been established. The request should not be authorized.