

Case Number:	CM15-0006150		
Date Assigned:	01/20/2015	Date of Injury:	01/07/2014
Decision Date:	03/17/2015	UR Denial Date:	12/15/2014
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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

This 53-year-old female sustained cumulative trauma from 6/18/12 to 1/7/14. She subsequently reports back and extremity pain and headaches. Diagnostic studies include MRIs and x-rays. Prior treatments include physical therapy and anti-inflammatory medications. The UR decision dated 12/15/14 non-certified EMG Right Lower Extremity, NCV Right Lower Extremity, NCV Left lower Extremity, EMG Left Lower Extremity. The EMG Right Lower Extremity, NCV Right Lower Extremity, NCV Left lower Extremity, EMG Left Lower Extremity were denied based on ODG pain, ODG low back, and ACOEM guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV of the bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) EMGs(electromyography) NCS (nerve conduction studies)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Low Back Chapter Nerve conduction studies (NCS) section

Decision rationale: Per the MTUS Guidelines, EMG may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. The requesting physician does not provide explanation of why EMG would be necessary for this injured worker, who already has identified pathology. The MTUS Guidelines do not specifically address nerve conduction studies of the lower extremities. Per the ODG, nerve conduction studies are not recommended because there is minimal justification of performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. The requesting physician does not provide explanation of why NCV would be necessary for this injured worker, who already has identified pathology. The injured worker was determined to have reached maximum medical improvement three months prior to this request. The injured worker has not reported new symptoms and there are not new examination findings that may necessitate further diagnostic testing. The request for EMG/NCV of the bilateral lower extremities is determined to not be medically necessary.