

Case Number:	CM15-0104129		
Date Assigned:	06/08/2015	Date of Injury:	03/27/2012
Decision Date:	07/14/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/29/2015

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:

The injured worker is a 42-year-old female who sustained an industrial injury on 3/27/12. The mechanism of injury is unclear. She currently complains of neck, low back pain with radiation down the left leg and headaches. Her pain level is 9/10. On physical exam, there was cervical paraspinal muscle tenderness with spasms; there is tenderness on palpation of the lumbar spine and the left straight leg raise (supine) is positive. She has sleep difficulties. Medications are Fentanyl patch, baclofen, Duexis, Nucynta, Relpax, and Soma. Diagnoses include cervical spine discopathy; lumbar spine hernia; left shoulder impingement syndrome. Diagnostics include MRI of the cervical spine (10/15/13) showing a 2mm disc bulge; MRI of the left shoulder (12/3/12) showing no impingement or definite rotator cuff tear. In the progress note dated 4/15/15 the treating provider's plan of care included electromyography/ nerve conduction studies of the bilateral lower extremities; elastic lumbar spine brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Elastic Lumbar Spine Brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: According to the MTUS, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Based on the patient's stated date of injury, the acute phase of the injury has passed. Elastic Lumbar Spine Brace is not medically necessary.

EMG (electromyography)/ NCV (nerve conduction velocity) - Bilateral Lower Extremities:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back - EMGs (electromyography), Nerve conduction studies (NCS).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic), Nerve conduction studies (NCS).

Decision rationale: According to the Official Disability Guidelines, nerve conduction studies are not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms based on radiculopathy. Neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy. EMG (electromyography)/ NCV (nerve conduction velocity) - Bilateral Lower Extremities is not medically necessary.