

Case Number:	CM15-0181265		
Date Assigned:	09/22/2015	Date of Injury:	11/20/2014
Decision Date:	10/28/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	09/15/2015

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 is a 42-year-old male worker with a date of injury 11-20-2014. The medical records indicated the injured worker (IW) was treated for cervical spine sprain and strain, rule out disc herniation; left shoulder sprain and strain; thoracic spine sprain and strain; and lumbar spine sprain and strain with radiation to the bilateral lower extremities, rule out disc herniation. In the 8-3-15 progress notes, the IW reported cervical spine pain radiating to the bilateral upper extremities, rated 5 out of 10; left shoulder pain rated 6 out of 10; and thoracic and lumbar spine pain rated 6 out of 10 with radiation to the bilateral lower extremities to the feet. The IW's functional level was improved since the previous exam in walking, sitting and lifting or carrying. The IW was on modified duty. Objective findings on 8-3-15 included improved functional level since the previous exam in walking, sitting and lifting or carrying. Treatments included medications (Naprosyn and topical cream), acupuncture, TENS unit and chiropractic treatment. A Request for Authorization dated 8-5-15 was received for Electromyography and Nerve Conduction Velocity studies (EMG and NCV) of the bilateral lower extremities and lumbar spine. The Utilization Review on 8-14-15 non-certified the request for Electromyography and Nerve Conduction Velocity studies (EMG and NCV) of the bilateral lower extremities and lumbar spine due to lack of documentation of any neurological deficits in the lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG (Electromyography)/ NCV (Nerve Conduction Velocity) study of bilateral lower extremities for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back/Electrodiagnostic studies.

Decision rationale: Guidelines do not support electrodiagnostic studies unless there are signs and symptoms of neurological dysfunction that is not well defined by other means. This individual does not meet these Guideline criteria. There have been evaluations by multiple Physicians and a physical therapist. No lower extremity neurological dysfunction has been uncovered as sensation, reflexes, and strength are intact. Under these circumstances, the request for the EMG (Electromyography)/ NCV (Nerve Conduction Velocity) study of bilateral lower extremities for the lumbar spine is not supported by Guidelines and is not medically necessary. There are no unusual conditions that would support an exception to Guideline recommendations, therefore is not medically necessary.