MAXIMUS Federal Services

Case Number:	CM15-0198342		
Date Assigned:	10/13/2015	Date of Injury:	06/19/2014
Decision Date:	11/24/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	10/08/2015

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: 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 49 year old male who sustained an industrial injury on June 19, 2014. Back at primary follow up dated February 16, 2015 the worker reported subjective complaint of "cervical spine, right shoulder and right elbow pains." The following diagnoses were applied to this visit: cervical spine strain and sprain; right shoulder strain and sprain rule out internal derangement; right elbow lateral epicondylitis. There is request for chiropractic session treating the cervical spine. Primary follow up dated August 12, 2015 reported Ultram prescribed. The patient is progressing slower than expected. He is with subjective complaint of right shoulder, elbow and neck pain. Primary follow up dated July 22, 2015 reported subjective complaint of lumbar spine with frequent sharp pain with radicular symptom into left lower extremity into toes. There is requested recommendation for electromyography nerve conduction study be performed of lumbar spine and bilateral lower extremities to evaluate radiculopathy. On September 01, 2015 a request was made to undergo nerve conduction study of bilateral lower extremities that was noncertified by Utilization review on September 09, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCV lumbar spine: 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), Nerve Conduction Studies (NCS).

MAXIMUS guideline: Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Special Studies, Summary.

Decision rationale: As per ACOEM guidelines, Nerve Conduction Velocity studies are contraindicated in virtually all knee and leg pathology unless there signs of tarsal tunnel syndrome or any nerve entrapment neuropathies. There are no such problems documented. NCV is not medically necessary.

EMG lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Diagnositc Criteria, Special Studies.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies, Summary.

Decision rationale: As per ACOEM Guidelines, EMG may be useful in detecting nerve root dysfunction. There is no proper documentation of nerve root dysfunction by the requesting except for back pains and positive straight leg raise. There is no neurological deficit. There is no documentation of any attempted conservative care, all noted care has been to neck and shoulder. EMG is not medically necessary.