

Case Number:	CM15-0215741		
Date Assigned:	11/05/2015	Date of Injury:	02/10/2015
Decision Date:	12/16/2015	UR Denial Date:	10/12/2015
Priority:	Standard	Application Received:	11/03/2015

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: Utah, Arkansas

Certification(s)/Specialty: Family Practice, Sports 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 48 year old female, who sustained an industrial injury on 02-10-2015. She has reported injury to the right upper extremity and low back. The diagnoses have included left-sided low back pain with left-sided sciatica; lumbar spine sprain-strain with radiculitis; L5-S1 spondylolisthesis with left radiculopathy and neuro deficit; right arm contusion; right elbow sprain-strain; right forearm sprain-strain; and right wrist sprain-strain. Treatment to date has included medications, diagnostics, activity modification, acupuncture, physical therapy, and chiropractic therapy. Medications have included Ibuprofen, Norco, Tramadol, and Cyclobenzaprine. A progress report from the treating physician, dated 09-23-2015, documented an evaluation with the injured worker. The injured worker reported constant mid-low back pain, which is rated up to an 8 out of 10 in intensity; she has radiation going down her left leg to her knee, and it is worsening; her symptoms increase with standing, bending, lifting, and sitting; her symptoms decrease with rest, medications, and walking; constant right forearm pain, which is rated as a 7 out of 10 in intensity; the pain radiates to her right elbow with numbness, tingling, and stiffness sensation; the pain increases when lifting; the pain decreases with medication; insomnia secondary to pain; acupuncture helps decrease her pain temporarily; she is able to do more activities of daily living; and her pain is somewhat controlled with medications. Objective findings included no distress; normal gait; tenderness to palpation of the left sacroiliac; tenderness to palpation with spasms of the lumbar spine paraspinals; she has limited range of motion secondary to pain; positive sitting root and straight leg raise; pinwheel sensory dermatomes L1 through S1 are intact; strength is noted as 2+ out of 5; she has

tenderness to palpation of the right lateral epicondyle and right wrist joint; and limited range of motion secondary to pain. The treatment plan has included the request for 1 electromyography and nerve conduction velocity of bilateral lower extremities. The original utilization review, dated 10-12- 2015, non-certified the request for 1 electromyography and nerve conduction velocity of bilateral lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Electromyography and Nerve Conduction Velocity of bilateral lower extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Diagnostic Criteria.

Decision rationale: The current request is for EMG of the bilateral lower extremities. MTUS guidelines were reviewed in regards to this specific case. Clinical documents were reviewed. According to the clinical documents there is no evidence of lack of sensation or radiculopathy in the lower extremities. The clinical documents are lacking evidence of "red flag symptoms" or worsening symptoms. There is no clinical documentation evidence for indication of nerve testing; The EMG/NCS is not indicated as a medical necessity at this time.