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| Case Number: | CM15-0034806 | | |
| Date Assigned: | 03/03/2015 | Date of Injury: | 10/11/2014 |
| Decision Date: | 04/08/2015 | UR Denial Date: | 01/27/2015 |
| Priority: | Standard | Application Received: | 02/24/2015 |

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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 55-year-old female who reported an injury on 10/11/2014. The injured worker was reportedly assaulted while placing a lock box on a home that had just been listed. The current diagnoses includes cerebral concussion with headache and memory loss, left jaw contusion, left TMJ pain, cervical spine sprain with degenerative disc disease, and lumbar spine sprain with sciatica. The injured worker presented on 01/09/2015 for a follow-up evaluation with complaints of 5/10 cervical and lumbar spine pain, as well as left jaw pain. The injured worker was also being treated by a neurologist for headaches and a psychologist for post-traumatic stress disorder. Upon examination, there was mild distress noted. The injured worker had difficulty rising from a seated position and moved about with stiffness. The treatment recommendations at that time included continuation of the compounded cream, a TMJ MRI, and electrodiagnostic studies of the bilateral lower extremities to rule out lumbar radiculopathy. There was no Request for Authorization form submitted for review.

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. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back Procedure Summary.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Electrodiagnostic testing.

Decision rationale: California MTUS/ACOEM Practice Guidelines state electromyography may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. The Official Disability Guidelines do not recommend electrodiagnostic studies if radiculopathy is already clinically obvious. Electromyography may be useful to obtain evidence of radiculopathy after 1 month of conservative therapy. In this case, there was no mention of an attempt at any recent conservative treatment for the lumbar spine prior to the request for electrodiagnostic studies. Although it is noted that the injured worker reported persistent low back pain, there was no objective evidence of a musculoskeletal or neurological deficits upon examination. Given the above, the request is not medically appropriate.