

Case Number:	CM15-0036673		
Date Assigned:	03/05/2015	Date of Injury:	12/23/2011
Decision Date:	04/13/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	02/26/2015

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: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 33-year-old female, who sustained an industrial injury on December 23, 2011. The diagnoses have included disc protrusion, lumbar strain/sprain with radiculopathy and cervical sprain/strain with muscle guarding. A progress note dated December 8, 2014 provided the injured worker complains of low back pain rated 8/10. She is not using pain medication due to breast-feeding. Physical exam notes flexion of 35 degrees and extension of 10 degrees. She walked with a non-antalgic gait and no assistive device. February 2, 2015 utilization review non-certified a request for electromyogram left lower extremity, electromyogram right lower extremity, nerve conduction velocity (NCV) left lower extremity and nerve conduction velocity (NCV) right lower extremity. The Medical Treatment Utilization Schedule (MTUS) American College of Occupational and Environmental Medicine (ACOEM) and Official Disability Guidelines (ODG) were utilized in the determination. Application for independent medical review (IMR) is dated February 23, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG Right Lower Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-326.

Decision rationale: Per ACOEM, electromyography (EMG), and nerve conduction velocities (NCV) may help identify subtle focal neurologic dysfunction in patients with low back symptoms, or both, lasting more than three or four weeks. They can identify low back pathology in disc protrusion. This injured worker has already had a lumbar MRI to identify structural abnormalities. There are no red flags on physical exam to warrant further imaging, testing or referrals. The records do not support the medical necessity for an EMG of the right lower extremity.

EMG Left Lower Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-326.

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NCV Left Lower Extremity: 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) Treatment Index, 11th Edition (web), 2014, Low Back, Nerve conduction studies (NCS).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-326.

Decision rationale: Per ACOEM, electromyography (EMG), and nerve conduction velocities (NCV) may help identify subtle focal neurologic dysfunction in patients with low back symptoms, or both, lasting more than three or four weeks. They can identify low back pathology in disc protrusion. This injured worker has already had a lumbar MRI to identify structural abnormalities. There are no red flags on physical exam to warrant further imaging, testing or referrals. The records do not support the medical necessity for a NCV of the left lower extremity.

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