

Case Number:	CM15-0043601		
Date Assigned:	04/03/2015	Date of Injury:	06/05/2007
Decision Date:	05/08/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	03/09/2015

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: Pennsylvania, Ohio, California
 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 38 year old female who sustained an industrial injury on 06/05/07. Initial complaints and diagnoses are not available. Treatments to date include medications. Diagnostic studies include a MIR and nerve conduction studies. Current complaints include pain and stiffness in the lumbar spine and radiating down the bilateral legs. In a progress note dated 11/19/14, the treating provider reports the plan of care as an additional MRI of the lumbar spine, and nerve conduction studies (EMG/NCV) of the bilateral lower extremities, and physical therapy. The requested treatments include EMG/NCV of the bilateral lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nerve conduction study of the 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 (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: ACOEM recommends nerve conduction studies to evaluate a particular neurological differential diagnosis. The records do not document a proposed possible peripheral nerve lesion for which nerve conduction testing would be indicated. Moreover, diagnosis or dating of a radiculopathy by electrodiagnostic testing is challenging given a history of past spinal surgery. Overall, the records and guidelines do not establish a rationale or probable benefit to the requested nerve conduction testing. This request is not medically necessary.