

Case Number:	CM15-0045893		
Date Assigned:	03/18/2015	Date of Injury:	06/03/2014
Decision Date:	04/23/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	03/10/2015

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 Jersey

Certification(s)/Specialty: Family Practice

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 51 year old female with an industrial injury dated June 3, 2014. The injured worker diagnoses include lateral epicondylitis, cervical sprain/strain, lumbar sprain/strain and shoulder tendinitis/bursitis. She has been treated with diagnostic studies, prescribed medications and periodic follow up visits. According to the progress note dated 2/16/2015, the injured worker reported chronic pain in her cervical and lumbar spine. Physical exam revealed spasm and tenderness over the paravertebral muscles of the cervical and lumbar spines with decreased range of motion on flexion and extension. Previous examination from 12/19/14 also showed decreased sensation of S1 dermatomes bilaterally. The treating physician prescribed Electromyography (EMG) /nerve conduction velocity (NCV) of bilateral lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyograph (EMG) nerve conduction velocity (NCV) of bilateral lower extremities:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: The MTUS ACOEM Guidelines state that for lower back complaints, nerve testing may be considered when the neurological examination is less clear for symptoms that last more than 3-4 weeks with conservative therapy. In the case of this worker, the provider requested both lumbar MRI and lower extremity EMG/NCV testing in order to confirm the suspected diagnosis of lumbar radiculopathy and to proceed to an intervention such as injections. The physical findings, however, seemed to be clear enough to not necessitate nerve testing, and nerve testing would also not be needed since MRI was being ordered. Therefore, the EMG/NCV of bilateral lower extremities is medically unnecessary.