MAXIMUS Federal Services

Case Number:	CM15-0053649		
Date Assigned:	03/27/2015	Date of Injury:	10/18/2011
Decision Date:	05/01/2015	UR Denial Date:	03/08/2015
Priority:	Standard	Application Received:	03/20/2015

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, New York
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 39-year-old female, who sustained an industrial injury on 10/18/11. She reported a back injury. The injured worker was diagnosed as having lumbar spine sprain/strain, radiculitis and disc displacement. Treatment to date has included oral medications, physical therapy, manipulating therapy and injections. Currently, the injured worker complains of low back pain with radiation down left leg. Upon physical exam, decreased lumbar range of motion is noted. The current treatment plan consisted of request for chiropractic treatment and (EMG) Electromyogram/ (NCV) Nerve Condition Velocity of 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: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

Decision rationale: The request for an EMG/NCV of the lower extremities is not medically necessary. EMG/NCV is used to clarify nerve root dysfunction and is not indicated for obvious radiculopathy. Although in the chart mentions that she had lower back pain, there was no documented neurologic deficit on physical exam that pointed to specific dermatomes. The patient had no documented corroboration with radiographic findings. The patient had already had electro diagnostic testing in 2014 and it is unclear why another test was needed. Therefore, the request is considered not medically necessary.