

Case Number:	CM15-0083833		
Date Assigned:	05/06/2015	Date of Injury:	01/31/2007
Decision Date:	06/04/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	05/01/2015

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

Certification(s)/Specialty: Emergency 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 44-year-old female who sustained an industrial injury on January 31, 2007. She has reported intermittent moderate low back pain and has been diagnosed with cervical spine sprain/strain with radicular complaints, lumbar spine sprain/strain with radicular complaints, and history of lumbar spine fusion. Treatment has included medical imaging and medications. Current examination of the cervical spine revealed tenderness to palpation about the paracervical and trapezial musculature. There was muscle spasms noted. There was restricted range of motion due to complaints of pain. Examination of the lumbar spine revealed increased tone and tenderness about the paralumbar musculature with tenderness at the midline thoracolumbar junction and over the level of L5-S1 facets and right greater sciatic notch. There were muscle spasms present. MRI showed evidence of a 3 mm bulge at C4-C5. Documentation states that patient was approved for electrodiagnostic studies of bilateral lower extremities on 2/7/2015. The treatment request included EMG/NCS 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:

EMG/NCS of The Bilateral Lower Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 14 Ankle and Foot Complaints Page(s): 309, 377.

Decision rationale: As per ACOEM Guidelines, EMG may be useful in detecting nerve root dysfunction. There is documentation of radiculopathy and nerve root dysfunction on the lower limb with noted neurological deficits documented. EMG is medically indicated. However, documentation states that EMG was already approved in 2/7/15 and is not clear why an additional EMG needs to be done. It is also not clear if approved test was completed and what the results were. Additional EMG is not medically necessary. As per ACOEM guidelines, Nerve Conduction Velocity studies are contraindicated in virtually all knee and leg pathology unless there signs of tarsal tunnel syndrome or any nerve entrapment neuropathies. There are no such problems documented. NCV is not medically necessary. Both tests are not medically necessary with EMG being a redundant test and NCV not indicated. NCV/EMG of bilateral lower extremity is not medically necessary.