

Case Number:	CM14-0114489		
Date Assigned:	08/04/2014	Date of Injury:	03/01/2011
Decision Date:	09/19/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/21/2014

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. The expert reviewer is Board Certified in Neurology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

4/1/14 PR-2 notes neck pain and bilateral shoulder pain. There is weakness reported in the arms subjectively. Examination notes tenderness in the cervical and thoracic spine. There is positive spurling's and Soto-hall test bilaterally. There is 4/5 strength in the flexion, abduction, and internal and external rotation. There is positive SLR on the left. 3/14/14 MRI of cervical spine reports dehiscence of the nucleus pulposus at C4-5 and C5-6. 3/14/14 MRI of the lumbar spine notes L5-S1 disc degeneration.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG to bilateral lower extremities.: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation low back, EMG.

Decision rationale: The medical records provided for review do not indicate physical exam findings to suggest peripheral nerve etiology. The treating physician suspects radiculopathy and EMG is not necessary if radiculopathy is clinically obvious.

NCV to bilateral lower extremities.: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation low back, NCV.

Decision rationale: The medical records provided for review do not indicate physical exam findings to suggest peripheral nerve etiology. The findings are consistent with radiculopathy. The treating physician suspects radiculopathy and NCV is not necessary if radiculopathy is clinically obvious.