

Case Number:	CM14-0122428		
Date Assigned:	09/16/2014	Date of Injury:	05/29/2010
Decision Date:	10/20/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	08/04/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine, and is licensed to practice in California. 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:

The records presented for review indicate that this 56-year-old was reportedly injured on May 29, 2010. The mechanism of injury is noted as a slip and fall in the mud. The most recent progress note, dated July 8, 2014, indicates that there were ongoing complaints of low back pain radiating to the right groin region. The physical examination demonstrated a normal neurological examination. Diagnostic imaging studies of the lumbar spine revealed degenerative disc disease with bilateral foraminal narrowing at L4 - L5 with facet degenerative changes. Previous treatment includes physical therapy and oral medications. A request had been made for an EMG and NCV study of the left lower extremity and was not certified in the pre-authorization process on July 23, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyogram (EMG) of left groin/left lower extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine(ACOEM), Chapter 7, page 127

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

Decision rationale: The ACOEM Practice Guidelines support electromyography (EMG) and nerve conduction velocities (NCV) to help identify subtle focal neurologic dysfunction in patients where a CT or an MRI is equivocal and there are ongoing lower extremity symptoms. Given the lack of documentation of an abnormal neurological exam, this request for EMG and NCV studies of the left groin/left lower extremity is not medically necessary or appropriate.

Nerve conduction velocity (NCV) test of left groin/left lower extremity: Upheld

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

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

Decision rationale: The ACOEM Practice Guidelines support electromyography (EMG) and nerve conduction velocities (NCV) to help identify subtle focal neurologic dysfunction in patients where a CT or an MRI is equivocal and there are ongoing lower extremity symptoms. Given the lack of documentation of an abnormal neurological exam, this request for EMG and NCV studies of the left groin/left lower extremity is not medically necessary or appropriate.