

Case Number:	CM14-0132116		
Date Assigned:	08/22/2014	Date of Injury:	05/06/2014
Decision Date:	10/14/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	08/18/2014

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 Occupational 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:

This patient is a 53 year old female who developed low back problems secondary to a lifting injury on 5/6/14. She is described as having lower extremity weakness, altered gait along with bladder control problems. A recent lumbar MRI revealed widespread spondylosis with severe central canal stenosis at L4-5.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG BILATERAL LOWER EXTREMITIES: Overturned

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.

Decision rationale: The MTUS Guidelines support electrodiagnostic studies with the diagnosis is not clear and there are subtle neurological issues that have to be evaluated. This patient may be developing a central cord myelopathy and full electrodiagnostic testing is medically necessary to help confirm the diagnosis and to rule out other problems such as a peripheral neuropathy. The requested bilateral EMG is medically necessary.

NCV BILATERAL LOWER EXTREMITIES: Overturned

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.

Decision rationale: The MTUS Guidelines support electrodiagnostic studies with the diagnosis is not clear and there are subtle neurological issues that have to be evaluated. This patient may be developing a central cord myelopathy and full electrodiagnostic testing is medically necessary to help confirm the diagnosis and to rule out other problems such as a peripheral neuropathy. The requested bilateral NCV is medically necessary.