

Case Number:	CM14-0162177		
Date Assigned:	10/07/2014	Date of Injury:	10/15/1999
Decision Date:	10/31/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	10/02/2014

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 Emergency 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 injured worker is a 55 year-old female, who sustained an injury on October 15, 1999. The mechanism of injury is not noted. Pertinent diagnostics are not noted. Treatments have included: physical therapy, medications, psychotherapy. The current diagnoses are: severe major depression, adjustment disorder with anxiety and depression, carpal tunnel syndrome, arthropathy. The stated purpose of the request for electromyography/ nerve conduction velocity study (EMG/NCV) bilateral lower extremities was not noted. The request for EMG/NCV bilateral lower extremities was denied on September 5, 2014, citing a lack of documentation of positive exam findings involving the lower extremities. Per the report dated September 3, 2014 and August 25-26, 2014, the treating physician noted complaints of pain to the neck, left elbow, right elbow, both wrists. Exam findings included negative Spurling's sign, positive Tinel sign at the right elbow, positive right-sided straight leg raising test, normal reflexes/sensory exam/reflexes to the lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV bilateral lower extremities: 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
Page(s): 303.

Decision rationale: The requested EMG/NCV bilateral lower extremities, is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 12, Low Back Complaints, page 303, Special Studies and Diagnostic and Treatment Considerations, note "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study." The injured worker has pain to the neck, left elbow, righty elbow, both wrists. The treating physician has documented negative Spurling's sign, positive Tinel sign at the right elbow, positive right-sided straight leg raising test, normal reflexes/sensory exam/reflexes to the lower extremities. However, the treating physician has not documented radicular pain or paresthesias to the lower extremities, nor positive neurologic exam findings involving the lower extremities such as deficits in dermatomal sensation, reflexes or muscle strength. The criteria noted above not having been met, EMG/NCV bilateral lower extremities are not medically necessary.