

Case Number:	CM14-0095885		
Date Assigned:	07/25/2014	Date of Injury:	05/22/2013
Decision Date:	09/17/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/24/2014

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 Anesthesiology 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 injured worker is a 58-year-old male who is reported to have sustained work related injuries on 05/22/13. On this date, it is reported that boxes fell on top of his head and shoulder. He is noted to have multiple diagnoses secondary to prior work related injuries. He has a history of cervical sprain, bilateral shoulder dysfunction, lumbar sprain, and ankle sprain. Treatment has included chiropractic, acupuncture, and home exercise program. The record contains multiple handwritten reports, which are exceedingly difficult to read. It is reported that the injured worker has mid and low back pain with radiation into the bilateral lower extremities, left greater than right. On examination, he is reported to have difficulty sitting. There is spasm, decreased sensation in the L4-5 distribution left greater than right with positive straight leg raising resulting in radicular symptoms in an L4-5 distribution. The record includes a utilization review determination dated 05/28/14 in which a request for EMG/NCV of the bilateral lower extremities was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient EMG/NCV of bilateral lower extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request for outpatient EMG/NCV of the bilateral lower extremities is not medically necessary. The submitted clinical records indicate that the injured worker has a chronic history of low back pain secondary to prior work related injuries. The most recent date of injury 05/22/13 indicates injuries to the neck and bilateral shoulders. Per the submitted physical examination, the injured worker has evidence of bilateral lower extremity radiculopathy in both an L4 and L5 distribution. These findings are unequivocal for EMG/NCV therefore, this request is not medically necessary.