

Case Number:	CM14-0196098		
Date Assigned:	12/04/2014	Date of Injury:	12/10/2013
Decision Date:	06/23/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	11/24/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 35 year old female, who sustained an industrial injury on December 10, 2013. She reported neck, left shoulder, back, and left leg injuries. The injured worker was diagnosed as having displaced disc of the lumbar spine, shoulder tendinosis, and shoulder osteoarthritis. Diagnostic studies to date have included an MRI of the lumbar spine. Treatment to date has included chiropractic therapy, acupuncture, and medications including topical compound and non-steroidal anti-inflammatory. On October 9, 2014, the injured worker complains of lumbar spine. The physical exam revealed guarded range of motion of the lumbar spine. She is to remain off work. The treatment plan includes a neurology consultation. The requested treatments include electromyography of the lumbar spine and nerve conduction studies of the lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG of the Lumbar Spine per 10/10/14 form: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Electrodiagnostic studies (EDS), and Electromyography (EMGs).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Chapter 12, "Low Back Complaints", Table 12-8, Electrodiagnostics, page 309.

Decision rationale: Per MTUS Guidelines, without specific symptoms or neurological compromise consistent with radiculopathy, foraminal or spinal stenosis on imaging, medical necessity for EMG has not been established. Submitted reports have not demonstrated any correlating symptoms and clinical findings to suggest any lumbar radiculopathy, only with continued chronic pain with exam findings of limited range without neurological deficits. Submitted reports have not demonstrated specific positive imaging study of nerve impingement with specific consistent myotomal or dermatomal correlation to support for these electrodiagnostic studies. The EMG of the Lumbar Spine per 10/10/14 form is not medically necessary and appropriate.

Nerve Conduction Studies of the Lower Extremities per 10/10/14 form QTY: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Nerve Conduction Studies (NCS).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Chapter 12, "Low Back Complaints", Table 12-8, Electrodiagnostics, page 309.

Decision rationale: The patient has no documentation of specific treatment failure for this chronic 2013 injury without acute flare-up or new injury. Submitted reports have not demonstrated any specific neurological deficits defined or conclusive imaging identifying possible neurological compromise of foraminal, central canal stenosis, or nerve root impingement with correlating myotomal/dermatomal pattern. Additionally, the presumed diagnosis and treatment is radiculopathy; hence, NCS without suspicion or clinical findings of entrapment syndrome has not been established to meet guidelines criteria. The Nerve Conduction Studies of the Lower Extremities per 10/10/14 form QTY: 1.00 is not medically necessary and appropriate.