

Case Number:	CM14-0214705		
Date Assigned:	01/07/2015	Date of Injury:	11/27/2001
Decision Date:	03/24/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	12/22/2014

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 54 year old woman sustained an industrial injury on 11/27/2001. The mechanism of injury is not detailed. Current diagnosis is herniated disc in the lumbar spine. Treatment has included oral medications. Physician notes dated 11/7/2014 show continued lumbar spine pain which increases with excessive activity and prolonged positions. The worker rates the lumbar pain 8/10 and says medications help it about 85%. Included in the recommendations is electrodiagnostic studies for the bilateral upper and lower extremities with the rationale "per AME recommendation". On 12/17/2014, Utilization Review evaluated a prescription for electrodiagnostic studies to the bilateral upper and lower extremities, that was submitted on 12/22/2014. The UR physician noted there was no clear evidence of neurological deficits. The MTUS, ACOEM Guidelines, (or ODG) was cited. The request was denied and subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electrodiagnostic studies of the upper and lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 177-178, 303.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain (Chronic), Electrodiagnostic testing (EMG/NCS) AANEM Recommended Policy for Electrodiagnostic Medicine

Decision rationale: The claimant has a history of a work injury occurring more than 10 years ago and continues to be treated for chronic pain. Electrodiagnostic testing (EMG/NCS) is generally accepted, well-established and widely used for localizing the source of the neurological symptoms and establishing the diagnosis of focal nerve entrapments, such as carpal tunnel syndrome or radiculopathy. Criteria include that the testing be medically indicated. In this case, MRI scans of the cervical and lumbar spine were negative for significant neural compromise and the requesting provider does not document any neurological deficits or abnormal physical findings consistent with nerve injury. Therefore, the requested testing was not medically necessary.