

Case Number:	CM14-0216239		
Date Assigned:	01/06/2015	Date of Injury:	06/26/2014
Decision Date:	02/23/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/24/2014

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: Emergency Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient with reported date of injury on 6/26/2014. Mechanism of injury was documented as a motor vehicle collision. Diagnosis provided is lumbar spine strain/strain with bilateral lower extremity pain, stress/depression and sleep disturbance. Medical reports reviewed. Last report available until 11/18/14. Patient complains of back pain and bilateral lower extremity "radicular pain". "Meds helpful". Checked off, "no change in status" and "no treatment" since last visit. Objective exam is documented only via checkboxes. Gait is normal. Posture is rigid. No other objective exam was documented in that progress note. Last exam was from 10/8/14. It notes normal neurological exam, normal straight leg raise and just diffuse back pain. No medications were documented except for ibuprofen. There is no documented treatments done. No noted physical therapy or other treatments. No imaging or electrodiagnostic reports were provided for review. Independent Medical Review is for EMG/NCV of bilateral lower extremities. Prior Utilization Review on 12/1/14 recommended non-certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV of the Bilateral Lower Extremities: 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 Chapter, Nerve Conduction Studies (NCS)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints, Chapter 12 Low Back Complaints Page(s): 309, 377.

Decision rationale: EMG (Electromyography) and NCV (Nerve Conduction Velocity) studies are 2 different studies that are testing for different pathology. As per ACOEM Guidelines, EMG may be useful in detecting nerve root dysfunction. There is no documentation of any radiculopathy or nerve root dysfunction on the lower limb to support EMG use. There is no neurological deficits documented. There is no motor deficit. There is no evidence based rationale or any justification noted by the requesting provider. EMG is not medically necessary. As per ACOEM guidelines, nerve conduction velocity studies are contraindicated in virtually all knee and leg pathology unless there signs of tarsal tunnel syndrome or any nerve entrapment neuropathies. There are no such problems documented. NCV is not medically necessary. Both tests are not medically necessary. Therefore, the request for NCV/EMG of the bilateral lower extremity is not medically.