

Case Number:	CM15-0113478		
Date Assigned:	06/19/2015	Date of Injury:	02/08/1998
Decision Date:	07/23/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/12/2015

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: New Jersey, New York
Certification(s)/Specialty: Family Practice

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 65 year old female, who sustained an industrial injury on February 8, 1998. The mechanism of injury was a slip and fall. The injured worker has been treated for neck, back, and right knee complaints. The diagnoses have included lumbar or lumbosacral intervertebral disc degeneration, lumbosacral spondylosis without myelopathy, thoracic sprain/strain, right ankle sprain/strain, cervical sprain/strain, chronic pain syndrome, lumbago, sciatica and depression. Treatment to date has included medications, radiological studies, MRI, chiropractic treatments, aquatic therapy, physical therapy, injections and right knee surgery. Current documentation dated May 20, 2015 notes that the injured worker reported neck, thoracic spine, low back and ankle pain. The injured worker also noted tension headaches. Objective findings included a decreased and painful range of motion in the right ankle and cervical, thoracic and lumbar spine. The injured worker was noted to have decreased right lower dermatomal sensation. Reflexes in the bilateral Achilles tendons were also noted to be decreased. The treating physician's plan of care included a request for an electromyography/nerve conduction study to the bilateral lower extremity due to decreased right lower extremity sensation and decreased bilateral Achilles reflexes.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCS Bilateral Lower Extremities: 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).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): s 303-304, and 309.

Decision rationale: The request for an EMG of the lower extremities is not medically necessary. EMG is used to clarify nerve root dysfunction and is not indicated for obvious radiculopathy. There were no motor/strength deficits documented on exam. There was decreased sensation at right L4-L5 dermatome which does not require clarification with electrodiagnostic testing. The patient was approved for a previous EMG/NCS but it was unclear if this was done. Therefore, the request is considered not medically necessary.