

Case Number:	CM15-0125973		
Date Assigned:	07/10/2015	Date of Injury:	02/01/2002
Decision Date:	08/18/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	06/30/2015

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: 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:

The injured worker is a 73 year old female, who sustained an industrial injury on 2/1/02. The documentation noted on 5/28/15 noted that the injured workers pain level has remained unchanged since last visit. Cervical spine examination of paravertebral muscles tenderness and tight muscle band is noted both the sides and tenderness noted at the paracervical muscles. Thoracic spine examination of paravertebral muscles, tenderness is noted on both the sides. The diagnoses have included spinal/lumbar degenerative disc disease and lumbar radiculopathy. Treatment to date has included magnetic resonance imaging (MRI) of the thoracic spine on 4/12/10 showed limited diagnostic study due to continual patient motion; multilevel degenerative disk changes noted; disk herniations are identified as central 5 millimeter T4-5 cord impingement and cord contour deformity, the cord signal cannot be adequately evaluation; lumbar spine magnetic resonance imaging (MRI) on 4/12/10 showed degenerative disk changes noted at the L3-L4 through the L5-S1 (sacroiliac) levels, there are multiple levels of foraminal stenosis, however at both L3-4 and L4-5 levels; injections; lunesta; celexa; norco and neurontin. The request was for electromyography/nerve conduction velocity study of right and left lower extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG LLE: 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): 309.

Decision rationale: 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. Pain, symptoms, and exam findings are all chronic and unchanged. There is no evidence based rationale or any justification noted by the requesting provider. EMG is not medically necessary.

NCV RLE: Upheld

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

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

Decision rationale: 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.

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