

Case Number:	CM15-0067822		
Date Assigned:	04/15/2015	Date of Injury:	04/16/2011
Decision Date:	05/14/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/09/2015

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 45 year old female, who sustained an industrial injury on 4/16/11. The injured worker was diagnosed as having thoracic/lumbosacral neuritis, lumbar spinal stenosis with neurogenic claudication and intervertebral disc displacement with lumbar myopathy. Treatment to date has included oral medications and activity restrictions. Currently, the injured worker complains of neck and lumbar spine pain, with neck and shoulder pain worse than previous visit. Physical exam noted Achilles and patella deep tendon reflexes are asymmetrical, otherwise normal exam. The treatment plan included radiographs of lumbar and cervical spine and (EMG) Electromyogram/ (NCV) Nerve Condition Velocity studies.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 EMG/NCV for the lumbar spine and bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: The requested 1 EMG/NCV for the lumbar spine and bilateral lower extremities, is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 12, Low Back Complaints, page 303, Special Studies and Diagnostic and Treatment Considerations, note "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study." The injured worker has neck and lumbar spine pain, with neck and shoulder pain worse than previous visit. The treating physician has documented Achilles and patella deep tendon reflexes are asymmetrical, otherwise normal exam. The treating physician has not documented physical exam findings indicative of nerve compromise such as a positive straight leg raising test or deficits in dermatomal sensation, or muscle strength. The criteria noted above not having been met, 1 EMG/NCV for the lumbar spine and bilateral lower extremities is not medically necessary.