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| Case Number: | CM15-0074696 | | |
| Date Assigned: | 04/24/2015 | Date of Injury: | 05/02/1998 |
| Decision Date: | 05/28/2015 | UR Denial Date: | 04/02/2015 |
| Priority: | Standard | Application Received: | 04/20/2015 |

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, North Carolina
 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 47-year-old female, who sustained an industrial injury on May 2, 1998, incurring injuries to her neck, low back and upper extremities. She was diagnosed with reflex sympathetic dystrophy of the bilateral upper extremities. Treatment included a spinal cord stimulator implant, morphine sulfate pump, pain medications, and neuropathy drugs, analgesic cream and anti-inflammatory drugs. Currently, the injured worker complained of pain in her low back radiating into her legs. The treatment plan that was requested for authorization included Electromyography and Nerve Conduction Velocity of the bilateral lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV bilateral lower extremity: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back (EMG/NCV).

Decision rationale: The claimant has a history of RSD of the bilateral upper extremities treated with a spinal cord stimulator implant. She has recently developed 10/10 low back pain radiating to her legs. Physical examination revealed 5/5 muscle strength in her legs and absent patellar tendon reflexes. Sensation was decreased in the bilateral L4 dermatomes. The ODG states that EMG may be useful to obtain unequivocal evidence of radiculopathy after one month of conservative treatment. EMG is not necessary, however, if radiculopathy is already clinically obvious. NCV is not recommended. In this patient, with documented neurologic deficits consistent with L4-L5 radiculopathy, an EMG/NCV is not indicated and not medically necessary.