

Case Number:	CM15-0075410		
Date Assigned:	04/27/2015	Date of Injury:	11/13/2007
Decision Date:	05/22/2015	UR Denial Date:	03/19/2015
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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

CLINICAL CASE SUMMARY

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

This 56 year old male sustained an industrial injury to the knee, hand, head, neck and back on 11/13/07. Previous treatment included x-rays, magnetic resonance imaging, electromyography bilateral upper and lower extremity (9/2014), physical therapy and medications. In an initial evaluation dated 12/8/14, complained of ongoing back and neck pain associated with numbness and tingling to the left long finger and ring finger. Current diagnoses included cervical spine surgery and lumbar spine sprain/strain. The treatment plan included physical therapy, magnetic resonance imaging cervical spine and lumbar spine and consultations with psychiatry and pain medicine.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG bilateral lower extremities: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287 - 316.

Decision rationale: The patient is a 56 year old male with an injury to his head, back, neck, hand and knee on 11/13/2007. He had cervical spine surgery and a lumbar strain. He already had an EMG of both upper and both lower extremities in 09/2014. There was no recent injury. There is no documentation of recent lumbar radiculopathy symptomatic change. There is no documentation provided for review to substantiate repeating the EMG of the lower extremities. Therefore the request is not medically necessary at this time.