

Case Number:	CM15-0097861		
Date Assigned:	05/28/2015	Date of Injury:	06/09/2010
Decision Date:	06/29/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	05/20/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 54 year old, female who sustained a work related injury on 6/9/10. The diagnoses have included lumbar spine discopathy and lumbar spine radiculitis. Treatments have included acupuncture and medications. In the PR-2 dated 3/11/15, the injured worker complains of low back pain with pain radiating to the right leg. She rates her pain level a 7/10. She has tenderness to palpation of lumbar spine. She has decreased, painful range of motion in lumbar spine. The treatment plan includes prescriptions for medications, a request for a pain management consultation and treatment and a request for orthopedic consultation and treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO EMG/NCV for the right shoulder (right upper extremity): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Electrodiagnostic testing (EMG/NCS) and Other Medical Treatment Guidelines AANEM Recommended Policy for Electrodiagnostic Medicine.

Decision rationale: The claimant sustained a work-related injury in June 2010 and continues to be treated for low back pain radiating to the right lower extremity. When seen, pain was rated at 7/10. There was decreased range of motion and a positive right straight leg raising. Electrodiagnostic testing (EMG/NCS) is generally accepted, well-established and widely used for localizing the source of the neurological symptoms and establishing the diagnosis of focal nerve entrapments, such as carpal tunnel syndrome or radiculopathy. Criteria include that the testing be medically indicated. In this case, there is no evidence of peripheral nerve compression or history of metabolic pathology. There is no documented neurological examination that would support the need for obtaining EMG or NCS testing at the time of request. Therefore, this request was not medically necessary.