

Case Number:	CM15-0097955		
Date Assigned:	06/01/2015	Date of Injury:	10/07/2011
Decision Date:	07/27/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	05/22/2015

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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 53 year old female with an industrial injury dated 10/07/2011. His diagnoses included displacement of cervical intervertebral disc without myelopathy, displacement of lumbar intervertebral disc without myelopathy and cervicogenic headaches. Prior treatments are not documented in the submitted records. She presents on 03/09/2015 with complaint of multiple areas of pain including lumbar area, sacroiliac, legs, ankles and knees. She rates the pain at 7/10. The discomfort at its worst is rated as 9 and at best as 5. She also complains of numbness and tingling in right leg, right knee, right shin, right ankle and right foot. The progress note documents all involved areas. There was mild to moderate tenderness to palpation over the lumbar paraspinal bilaterally. Straight leg raise and Kemp's test were positive bilaterally. Treatment plan included functional capacity evaluation, updated MRI of lumbar spine and EMG/NCV of bilateral lower extremities. Treatment request is for electromyography/nerve conduction velocity for the bilateral lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography/Nerve Conduction Velocity for the Bilateral Lower Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index, 11th Edition (web), 2014, Low Back, Electrodiagnostic Studies (EDS).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004). Chapter 12, page 303.

Decision rationale: Key points in this case are as follows. The claimant was injured in 2011. The diagnoses were displacement of a cervical intervertebral disc without myelopathy, displacement of lumbar intervertebral disc without myelopathy, and cervicogenic headaches. Prior treatments were not documented. As of 03/09/2015 there were multiple areas of pain including the lumbar area, sacroiliac, legs, ankles and knees. She also complained of subjective numbness and tingling in right leg, right knee, right shin, right ankle and right foot. For objective signs, the straight leg raise and Kemp's test were positive bilaterally. EMG/NCV of bilateral lower extremities were planned. The MTUS ACOEM notes that electrodiagnostic studies may be used when the neurologic examination is unclear, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. In this case, the physical exam clearly showed signs of radiculopathy. Therefore, the need for formal electrodiagnostic testing was not established. The request was not medically necessary.