

Case Number:	CM14-0154121		
Date Assigned:	09/23/2014	Date of Injury:	05/28/2009
Decision Date:	11/07/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	09/22/2014

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. The expert reviewer is Board Certified in Anesthesiologist, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 41-year-old male who reported an injury on 05/28/2009. The mechanism of injury was a slip and fall. The diagnoses included status post L5-S1 fusion surgery, lumbar arthralgia, lumbar radiculopathy. The previous treatments included physical therapy, medication, surgery. Within the clinical note dated 06/03/2014, it was reported the injured worker complained of frequent lumbosacral pain. He complained of stiffness and lower extremity pain and numbness. Upon the physical examination, the provider noted the injured worker had decreased range of motion with spasms. Request submitted is for an Electromyography EMG/ Nerve Conduction Velocity NCV of the bilateral lower extremities and an NCV. However, a rationale was not submitted for clinical review. The Request for Authorization was not submitted for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) of the Bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305..

Decision rationale: The request for an EMG of the bilateral lower extremities is not medically necessary. The California MTUS/ACOEM Guidelines note an EMG study is useful to identify neurologic dysfunction in injured workers with low back symptoms when examination findings are unclear. The guidelines recommend the failure of conservative care. There is lack of significant neurological deficit, such as decreased sensation or motor strength in a specific dermatomal or myotomal distribution. Additionally, there is lack of documentation indicating the injured worker tried and failed conservative therapy. Therefore, the request is not medically necessary.

Nerve Conduction Velocity (NCV): 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 Low Back, Nerve Conduction Study.

Decision rationale: The request for a Nerve Conduction Velocity (NCV) is not medically necessary. Official Disability Guidelines do not recommend nerve conduction studies as there is minimal justification for performing nerve conduction studies when the injured worker is already presumed to have symptoms on the basis of radiculopathy. There is lack of significant neurological deficits in a specific dermatomal or myotomal distribution, including decreased sensation or motor strength. The request submitted failed to provide a treatment site. Therefore, the request is not medically necessary.