

Case Number:	CM13-0000890		
Date Assigned:	01/10/2014	Date of Injury:	03/26/2013
Decision Date:	03/19/2014	UR Denial Date:	06/19/2013
Priority:	Standard	Application Received:	07/01/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in California. 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 physician 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:

This is a male patient with a date of injury of 3/26/13. A utilization review determination dated 6/19/13 recommends non-certification of EMG/NCS of the right lower extremity. A progress report dated 6/11/13 identifies subjective complaints including right low back pain hurting more. He still has tingling in the right foot. Objective examination findings identify SLR positive ipsilaterally. Diagnoses include strain lumbosacral worse; low back pain worse. Treatment plan recommends EMG.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG and NCS of the right lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: Regarding the request for EMG/NCS of the right lower extremity, California MTUS notes that "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the

neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study." Within the documentation available for review, there is documentation of symptoms/findings suggestive of radiculopathy with low back and right lower extremity pain and tingling into the foot as well as a positive SLR. However, there is no documentation of prior imaging studies or a clear rationale for an invasive electrodiagnostic test prior to a noninvasive imaging test, the results of which may obviate the need for more invasive testing. Furthermore, there is no documentation suggestive of peripheral neuropathy and, as such, there would be no clear indication for the NCS component of the requested testing. In light of the above issues, the currently requested EMG/NCS of the right lower extremity is not medically necessary.