

Case Number:	CM13-0015174		
Date Assigned:	10/08/2013	Date of Injury:	10/23/2009
Decision Date:	01/27/2014	UR Denial Date:	07/26/2013
Priority:	Standard	Application Received:	08/21/2013

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 Internal Medicine, has a subspecialty in Cardiology, and is licensed to practice in Texas. 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:

The patient is a 49 year old male who reported an injury on 10/23/09. The mechanism of injury was a fall. He received a hemi-laminectomy and discectomy at L4 through S1 with good results. He returned to work with no restrictions until a recent exacerbation to the left leg in 2012. He has had chronic pain to the left lower extremity since that time.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for an EMG of the right lower extremity as an outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The California MTUS/ACOEM guidelines do not recommend an EMG for chronic radicular pain. Furthermore, all documentation regarding radicular symptoms refers to the left lower extremity, not the right. There is no objective documentation to support a diagnosis of right lower extremity radiculopathy. Therefore, the request for an EMG to the right lower extremity is non-certified.