

<b>Case Number:</b>	CM13-0016069		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	05/19/2012
<b>Decision Date:</b>	09/05/2014	<b>UR Denial Date:</b>	08/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/23/2013

### 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 Neurology, 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:

An 8/8/13 PR-2 notes states that the patient had pain in the right foot with constant welling. There is no radiation of pain. Physical examination was noted as unchanged. A 5/21/13 PR-2 notes pain in the low back pain. There is pain that radiates into the lower extremity. Examination notes right ankle pain with range of motion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI LUMBAR SPINE:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back, MRI.

**Decision rationale:** The medical records provided for review do not indicate any focal neurologic deficit or progressive neurologic findings or otherwise demonstrate a risk of infection, malignancy or other red flags in support of medical necessity of imaging. Therefore, the request is not medically necessary.

**EMG BILATERAL LOWER EXTREMITIES:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back, EMG.

**Decision rationale:** The medical records provided for review do not indicate any focal neurologic deficit or progressive neurologic findings or otherwise demonstrate findings that are suspicious of radiculopathy or condition equivocal for radiculopathy for which EMG would be otherwise medically necessary to diagnose, prognose, or treat the condition. Therefore, the request is not medically necessary.

**NCV BILATERAL LOWER EXTREMITIES:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back, nerve conduction velocity.

**Decision rationale:** The medical records provided for review do not indicate any focal neurologic deficit or progressive neurologic findings or otherwise demonstrate findings that are suspicious of radiculopathy or condition equivocal for radiculopathy for which NCV would be otherwise medically necessary to diagnose, prognose, or treat the condition. Therefore, the request is not medically necessary.