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| Case Number: | CM13-0067630 | | |
| Date Assigned: | 01/03/2014 | Date of Injury: | 05/07/2013 |
| Decision Date: | 06/02/2014 | UR Denial Date: | 11/19/2013 |
| Priority: | Standard | Application Received: | 12/18/2013 |

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 Physical Medicine and Rehabilitation 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 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 31-year-old male who reported a repetitive strain injury on 05/07/2013. Current diagnoses include low back pain, bilateral leg pain, and lumbosacral radiculopathy. The injured worker was evaluated on 09/05/2013. The injured worker reported low back and bilateral leg pain. Physical examination on that date revealed slightly diminished strength in the left EHL, intact sensation, negative straight leg raising, and spasm with tenderness to palpation over the lower lumbosacral facet joints.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE EMG/NCV OF THE BILATERAL LOWER EXTREMITIES WITH A DATE OF SERVICE OF 10/4/2013: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: The California MTUS/ACOEM Practice Guidelines state electromyography, including H-reflex test, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. As per the documentation submitted, the injured worker's physical examination does reveal slightly diminished strength on the left;

however, there is no mention of a significant neurological deficit with regard to the right lower extremity. The injured worker is also currently pending an MRI of the lumbar spine. There is no mention of an attempt at conservative treatment prior to the request for an electrodiagnostic study. The medical necessity has not been established.