MAXIMUS Federal Services

Case Number:	CM14-0002260		
Date Assigned:	01/24/2014	Date of Injury:	09/15/2004
Decision Date:	06/11/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	01/07/2014

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 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 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:

This is a patient with a date of injury of 9/15/04. A utilization review determination dated 12/4/13 recommends non-certification of EMG, noting that it was unclear how EMG would change treatment as, in teleconference with the provider, the exam findings were noted to be unchanged since 2010 on the initial examination and the provider was unable to clarify how EMG would change treatment. 1/13/14 medical report identifies right knee, hip, back, and neck pain. On exam, there is antalgic gait and right knee tenderness.

IMR ISSUES, DECISIONS AND RATIONALES

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

ELECTRODIAGNOSTIC STUDY OF THE BILATERAL LOWER EXTREMITIES: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Regarding the request for electrodiagnostic study of the bilateral lower extremities, California MTUS/ACOEM Guidelines, state that electromyography may be useful to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting more

than 3 to 4 weeks. Within the documentation available for review, there is no clear documentation of symptoms/findings consistent with focal neurologic suggestive of either radiculopathy or peripheral neuropathy, and there is no clear rationale presented identifying the medical necessity of the study in the absence of the above. Therefore, the request for electrodiagnostic study of the bilateral lower extremities is not medically necessary.