

Case Number:	CM14-0002748		
Date Assigned:	04/04/2014	Date of Injury:	05/21/2013
Decision Date:	10/14/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/09/2014

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 Occupational Medicine 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 patient is a 25 year-old female with date of injury 05/21/2013. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 12/16/2013, lists subjective complaints as intermittent slight to moderate mid back pain with radicular symptoms to the bilateral thighs. Objective findings: Examination of the spine revealed tenderness of the thoraco-lumbar region and mild paraspinal spasms bilaterally. Range of motion was restricted in all planes. Sensory loss to the antero-lateral left leg and lateral foot. Motor strength was 5/5. Positive straight leg raising at 65 on the left. Diagnosis: 1. Lumbar strain or strain 2. Neuritis/radiculitis lumbosacral 3. Thoracic sprain/strain.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV STUDIES OF THE BILATERAL LOWER EXTREMITIES: Overturned

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

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

Decision rationale: The ACOEM Guidelines state that electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low

back symptoms lasting more than three or four weeks. The patient's physical examination demonstrates positive straight leg raising sign and decreased sensation to light touch. These signs are indicative of nerve root compression. I am reversing the previous utilization review decision. EMG/NCS are medically necessary.