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| Case Number: | CM14-0104176 | | |
| Date Assigned: | 07/30/2014 | Date of Injury: | 10/12/2009 |
| Decision Date: | 10/03/2014 | UR Denial Date: | 06/26/2014 |
| Priority: | Standard | Application Received: | 07/07/2014 |

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 Medicine 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 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 54 year old male who sustained an injury on 10/12/09. No specific mechanism of injury was noted. The injured worker was seen on 05/29/14 with ongoing complaints of low back pain radiating to the right lower extremity with associated numbness. The injured worker is noted to have had prior lumbar fusion procedures. The injured worker's physical exam noted limited lumbar range of motion without evidence of neurological deficit. Prior imaging studies were noted; however, the imaging reports were not available for review. Hardware removal was being considered for the injured worker. The electrodiagnostic studies for the lower extremities were denied on 06/26/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) of the Left Lower Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back

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

Decision rationale: In review of the clinical documentation provided, there is insufficient objective evidence of ongoing neurological deficits to support the requested portion of the electrodiagnostic studies for the lower extremities. The injured worker's prior imaging was not available for review. Given the absence of any equivocal findings on imaging as well as new or progressive worsening of neurological deficits on physical exam, this request is not medically necessary.

Electromyography (EMG) of the Right Lower Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back

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

Decision rationale: In review of the clinical documentation provided, there is insufficient objective evidence of ongoing neurological deficits to support the requested portion of the electrodiagnostic studies for the lower extremities. The injured worker's prior imaging was not available for review. Given the absence of any equivocal findings on imaging as well as new or progressive worsening of neurological deficits on physical exam, this request is not medically necessary.

Nerve Conduction Velocity (NCV) of the Left Lower Extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back

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

Decision rationale: In review of the clinical documentation provided, there is insufficient objective evidence of ongoing neurological deficits to support the requested portion of the electrodiagnostic studies for the lower extremities. The injured worker's prior imaging was not available for review. Given the absence of any equivocal findings on imaging as well as new or progressive worsening of neurological deficits on physical exam, this request is not medically necessary.

Nerve Conduction Velocity (NCV) of the Right Lower Extremity: Upheld

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