

Case Number:	CM14-0013394		
Date Assigned:	02/26/2014	Date of Injury:	11/07/2012
Decision Date:	06/26/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	02/03/2014

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 Orthopedic Surgery, and is licensed to practice in Pennsylvania. 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 claimant is a 55 year old male who injured his lower spine in a November 7, 2012, work-related accident. A May 17, 2013, physical examination showed normal sensation, 5 out of 5 motor strength, and equal and symmetrical deep tendon reflexes of the lower extremities. The records available for review document a November 2013 course of physical therapy. The notes from an orthopedic assessment, dated December 10, 2013, note that the claimant reported radiating lower extremity pain with low back complaints and numbness to the great toe. Formal physical examination findings on that date were not documented. Prior imaging of the lumbar spine shows degenerative arthritis. This request is for electrodiagnostic and nerve conduction studies of the lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

ELECTROMYOGRAPHY OF THE BILATERAL LOWER EXTREMITIES: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, CHAPTER 12, LOW BACK COMPLAINTS, 308-310

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

Decision rationale: While the claimant reports subjective complaints of numbness to the lower digits, the reviewed records do not document related physical examination or acute, radicular findings on or after May 2013. ACOEM Guidelines would support the role of nerve conduction studies in cases in which neurologic findings are identified upon examination and failed conservative care. In the absence of documented neurologic findings, the request for bilateral, lower extremity nerve conduction studies would not be indicated as medically necessary.

NERVE CONDUCTION STUDIES OF 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: While the claimant reports subjective complaints of numbness to the lower digits, the reviewed records do not document related physical examination or acute, radicular findings on or after May 2013. ACOEM Guidelines would support the role of nerve conduction studies in cases in which neurologic findings are identified upon examination and failed conservative care. In the absence of documented neurologic findings, the request for bilateral, lower extremity nerve conduction studies would not be indicated as medically necessary.