

Case Number:	CM14-0118088		
Date Assigned:	08/06/2014	Date of Injury:	05/23/2007
Decision Date:	09/10/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	07/28/2014

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 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 27-year-old male who reported an injury on 05/23/2007 due to a slip and fall. He reportedly sustained an injury to his low back. He ultimately underwent fusion surgery followed by physical therapy, medication management and epidural steroid injections. The injured worker was evaluated on 06/11/2014. It was noted that he had 10/10 pain with medications. However, it was noted that medications allow the patient to function at a minimal level and without medications the injured worker is bed bound. Physical findings included tenderness to palpation of the paraspinal musculature with positive treatment points with a twitch response and restricted range of motion secondary to pain. He had positive bilateral straight leg raising with decreased sensation over the thighs and decreased strength with knee extension and diminished knee reflex. The injured worker's diagnoses included status post fusion of the lumbar spine, disc bulging of the lumbar spine and disc bulging of the cervical spine. His treatment plan included electrodiagnostic studies of the upper and lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography for the Bilateral Lower Extremities: Upheld

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

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

Decision rationale: The American College of Occupational and Environmental Medicine do recommend electrodiagnostic studies for nonfocal evidence of radiculopathy. The clinical documentation clearly indicates that the injured worker has radicular symptoms. Therefore, the need for an electrodiagnostic study would not be supported. As such, the requested electromyography for the bilateral lower extremities is not medically necessary or appropriate.

Nerve conduction study for the Bilateral Lower Extremities: Upheld

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

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

Decision rationale: The American College of Occupational and Environmental Medicine do recommend electrodiagnostic studies for nonfocal evidence of radiculopathy. The clinical documentation clearly indicates that the injured worker has radicular symptoms. Therefore, the need for an electrodiagnostic study would not be supported. As such, the requested nerve conduction study for the bilateral lower extremities is not medically necessary or appropriate.