

Case Number:	CM14-0142809		
Date Assigned:	09/10/2014	Date of Injury:	03/06/2014
Decision Date:	11/04/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	09/03/2014

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 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 47 y/o female who has developed persistent low back pain with left leg radiation subsequent to an injury dated 3/6/14. Her primary treating physician describes an L4 sensory deficit in addition to neural tension signs. A Neurosurgical consultation also confirmed the clinical findings and suspected radiculopathy. MRI studies are consistent with the clinical diagnosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective (DOS: 4/28/2014) Neurodiagnostic study of the lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): Table 11-7. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Low Back EMGs (electromyography)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-303.. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Nerve Conduction Studies.

Decision rationale: MTUS Guidelines support the use of EMG studies if there are subtle neurological changes that are not well defined otherwise. ODG Guidelines also specifically state that NCV studies are not necessary when evaluating for a radiculopathy. There are no clinical

issues described that would justify testing of the non-symptomatic side. There are no clinical issues that support evaluation for a peripheral nerve entrapment (NCV studies). Although further testing was warranted, the extent of the request for bilateral neurodiagnostic (EMG and NCV) was not medically necessary.