

Case Number:	CM14-0151334		
Date Assigned:	09/19/2014	Date of Injury:	04/01/2013
Decision Date:	10/20/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	09/16/2014

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 Illinois. 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 is a 57 year-old man with a date of injury of April 1, 2013. An office visit on Jan 24, 2014 states that the worker has low back pain with thigh numbness and intermittent radiculopathy after being involved in a motor vehicle accident on Dec 20, 2013. He states he is being treated by a chiropractor on his wrist, hand and neck. An exam shows palpable trigger points with a positive twitch response on the thoracolumbar spine area, muscle spasms, decreased lumbar range of motion, decreased thigh sensation and a positive bilateral straight leg raise, normal lower extremity strength and normal lower extremity reflexes. A follow up office visit on Sept 3, 2014 noted continued lower back complaints, rated at 5/10; positive bilateral straight leg raise; and decreased sensation over the L3 dermatome. A magnetic resonance imaging (MRI) on June 23, 2014 showed L3-4 and L4-5 disc protrusions.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG Study for 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), Forearm, Wrist and Hand chapter: Electrodiagnostic Studies (EDS)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 343.

Decision rationale: The injured worker has complaints of low back pain with radiation and numbness to the legs, positive bilateral straight leg raise and decreased sensation in the L3 dermatome. Therefore, radiculopathy is already established. Per the evidence based guidelines, electromyography for regional knee pain is not recommended. The requested EMG Study for The Left Lower Extremity is not medically necessary.

NCV Study for 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), Forearm, Wrist and Hand chapter: Electrodiagnostic Studies (EDS)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 343.

Decision rationale: The injured worker has complaints of low back pain with radiation and numbness to the legs, positive bilateral straight leg raise and decreased sensation in the L3 dermatome. Therefore, radiculopathy is already established. Per the evidence based guidelines, nerve conduction velocity studies for regional knee pain are not recommended. The requested NCV Study for The Left Lower Extremity is not medically necessary.