

<b>Case Number:</b>	CM14-0159803		
<b>Date Assigned:</b>	10/03/2014	<b>Date of Injury:</b>	04/17/2013
<b>Decision Date:</b>	12/08/2014	<b>UR Denial Date:</b>	09/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2014

### 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, 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 underlying date of injury in this case is 04/17/2013. The date of the utilization review under appeal is 09/16/2014. The patient was seen in internal medicine consultation 08/14/2014. At that time the patient was noted to have insomnia which was psychogenic and related to psychological stress. The treating physician opined that he had a low index of suspicion for any underlying rheumatological disorder. On 08/05/2014, a Primary Treating Physician's Progress Report PR-2 form is handwritten and appears to outline numbness and tingling in the lower extremities. This form is handwritten and very difficult to read, though it appears to outline a treatment plan to include electrodiagnostic studies. Other PR-2 reports from this physician are additionally handwritten and only marginally legible.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient EMG/NCV of the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, 309. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapters, EMG/NCS

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

**Decision rationale:** ACOEM guidelines, Chapter 12, Low back, page 303, recommends electrodiagnostic testing to evaluate for subtle signs of neurological dysfunction. The medical records in this case with regard to the requested electrodiagnostic studies are very limited and marginally legible. These records do not clearly document a neurological examination or a differential diagnosis for the proposed electrodiagnostic studies. At this time the medical records and guidelines do not support a rationale or indication for the requested electrodiagnostic studies. This request is not medically necessary.