

Case Number:	CM14-0161087		
Date Assigned:	10/06/2014	Date of Injury:	05/26/2011
Decision Date:	11/03/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/01/2014

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:

The injured worker is a 55-year-old male who sustained an injury on May 26, 2011. He is diagnosed with (a) sciatica, left leg, new onset, possibly secondary to herniated lumbar disc; and (b) resolved Achilles tendinitis, left leg. He was seen for an evaluation on September 8, 2014. He complained of pain that ran behind his calf all the way up to the leg. He also complained of numbness sensation in the dorsum and plantar aspect of the foot. An examination revealed positive straight leg raising test. Patellar tendon reflexes were 3/4 and symmetric bilaterally. There was decreased sensation over the dorsum and plantar aspect of the foot.

IMR ISSUES, DECISIONS AND RATIONALES

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

electromyography (EMG)/nerve conduction velocity (NCV): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter - Lumbar & Thoracic, EMGs (electromyography)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, EMGs (electromyography) Official Disability Guidelines (ODG) Low Back Chapter, Nerve conduction studies (NCS)

Decision rationale: The request for electromyography and a nerve conduction study is not medically necessary at this time. Guidelines stated that if radiculopathy is clinically obvious, the need for electromyography is not anymore necessary. Objective findings of the injured worker indicate radiculopathy as evidenced by his complaints and positive straight leg raising test. More so, guidelines stated that a nerve conduction study is not recommended as there was limited evidence to support its use. They often gave low combined sensitivity and specificity in verifying root injury. Hence, the request for electromyography and nerve conduction study is not medically indicated at this time.