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| <b>Case Number:</b>   | CM14-0168269 |                              |            |
| <b>Date Assigned:</b> | 10/15/2014   | <b>Date of Injury:</b>       | 07/31/2009 |
| <b>Decision Date:</b> | 11/18/2014   | <b>UR Denial Date:</b>       | 09/24/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/13/2014 |

### 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 Texas. 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 49 year old male with a date of injury on 7/31/2009. The injured worker has chronic back pain. There are a series of notes from his physiatrist submitted for review. There is a note from 7/14 noting that the injured worker had a somewhat acute weakness in the right leg and a new magnetic resonance imaging was requested. On 9/12/14, there was some weakness in the right leg with some sensory disturbance in the leg. Magnetic resonance imaging and electromyogram/ nerve conduction velocity was requested. A repeat request for magnetic resonance imaging was requested on 9/24/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Electromyography (EMG) and Nerve conduction Velocity (NCV) test of the right lower extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

**Decision rationale:** The injured worker appears to have had a chronic low back injury for some years. The injury was stable until the latter part of 2014 at which time the injured worker started

to have an increase in right leg weakness and occasional sensory changes as well. Magnetic resonance imaging had been requested for evaluation of the injured worker's condition. This noted a worsening of the condition and a change in the neurological status. At one point, there was a request for electrodiagnostic testing. There is no indication for electrodiagnostic testing at this time. Noting the neurological change, the magnetic resonance imaging would be the first step to employ. Then, based on those findings and an up to date evaluation and examination of the injured worker, one could make an assessment as to what the next appropriate step in treatment would be. It is not indicated that electrodiagnostic testing would play any compelling role in aiding in diagnosis or treatment, especially without a current exam and a current magnetic resonance imaging scan. Given this, the request is not medically supported and is denied.