

Case Number:	CM14-0026066		
Date Assigned:	06/13/2014	Date of Injury:	07/01/2002
Decision Date:	07/16/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	02/28/2014

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:

This patient sustained an injury on 7/1/2002 while employed by [REDACTED]. Request(s) under consideration include electrodiagnostic evaluation of the lower extremity. Report on 12/16/13 from the provider noted the patient with back pain and right lower extremity numbness and tingling with aggravation of symptoms with activities of walking, standing, lifting, and all weight-bearing activities. An exam showed slightly altered gait; lumbar paraspinous tenderness; neurologically intact lower extremities and generalized non-specific weakness throughout right lower extremity. A follow-up exam of 1/24/14 showed normal lower extremity motor strength throughout. Diagnoses include history of lumbar fusion at L4-5; chronic lumbar spine pain/ mild lumbar spondylosis at L2-3. Other conservative care included Norco, Gabapentin, and lumbar epidural injections. Request(s) for electrodiagnostic evaluation of the lower extremity was non-certified on 2/10/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

ELECTRODIAGNOSTIC EVALUATION OF THE LOWER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar and Thoracic (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 309.

Decision rationale: Per MTUS Guidelines, without specific symptoms or neurological compromise consistent with radiculopathy, foraminal or spinal stenosis, medical necessity for electromyography and nerve conduction velocity has not been established. Submitted reports have not demonstrated any symptoms or clinical findings to suggest any lumbar radiculopathy or entrapment syndrome. The electrodiagnostic evaluation of the lower extremity is not medically necessary and appropriate.