

Case Number:	CM14-0029834		
Date Assigned:	06/20/2014	Date of Injury:	04/05/2010
Decision Date:	08/07/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/25/2014

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 employee is a 38 year old man who claims injury 4/5/10 affecting the low back. His physician states he has neurogenic claudication. He has stenosis of the central spinal canal at L4-L5, left foraminal stenosis at L3-L4, and bilateral foraminal stenosis at L4-L5. He had left disc protrusion impact the left S1 nerve root. He has had several medication, including NSAID (diclofenac), narcotic (hydrocodone), muscle relaxant (Soma) and medication for nerve pain, gabapentin. He had electrodiagnostic testing of the lower extremity 1/3/13 and EMG showed left S1 and some L5 radiculopathy. He has left foot weakness and continued to have radicular symptoms into the left lower extremity. Repeat EMG/NCS was requested to evaluate worsening condition.

IMR ISSUES, DECISIONS AND RATIONALES

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

muscle test 2 limbs: Upheld

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

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, Electrodiagnostic Studies, (EMGs) Electromyography.

Decision rationale: This patient has a well-established diagnosis of radiculopathy, so it is not clear how additional studies will help this patient. The ODG states the minimum number of tests must be done in order to establish the diagnosis. EMGs are not indicated if the clinical diagnosis of radiculopathy is clinically obvious. He has physical exam findings, MRI finding and prior positive EMG findings that firmly establish the presence of radiculopathy. Further EMG studies, or muscle testing is not medically necessary.