

Case Number:	CM14-0031385		
Date Assigned:	06/20/2014	Date of Injury:	04/03/2009
Decision Date:	07/21/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/12/2014

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 Orthopaedic Surgery 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 57-year-old male who was reportedly injured on April 3, 2009. The mechanism of the injury was noted as a fall from a vehicle resulting in a low back and right knee injury (A subsequent injury was noted to have occurred on October 3, 2011.) The most recent progress note, dated February 14, 2014, indicated that there were ongoing complaints of low back and bilateral lower extremity pain. The physical examination demonstrated an antalgic gait pattern, a decrease in lumbar spine range of motion, positive straight leg raising on the left and a slight motor function loss. Diagnostic imaging studies objectified marked ordinary disease of life degenerative changes in the right knee and there were no studies of the lumbar spine presented. Previous treatment included viscosupplementation to the right knee, right total knee replacement, multiple medications and physical therapy. A request had been made for bilateral lower extremity electrodiagnostic testing and was not certified in the pre-authorization process on January 16, 2014. It is also noted that previous clinical evaluations by the same practice noted no complaints of low back her leg pain from a neurologic perspective.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG bilateral lower extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines Low Back-Lumbar & Thoracic / (Acute & Chronic).

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

Decision rationale: Given the lack of a detailed neurological examination and that there are no plain radiographs or magnetic resonance imaging studies documenting a potential disc lesion or nerve root compromise or mention of signs and symptoms consistent with a radiculopathy and/or peripheral neuropathy, this request is considered not medically necessary.