

Case Number:	CM14-0035629		
Date Assigned:	06/23/2014	Date of Injury:	11/03/2007
Decision Date:	07/25/2014	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	03/24/2014

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 Neurological 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 68-year-old male who was reportedly injured on November 3, 2007. The mechanism of injury was noted as lifting event moving a pallet of materials. The most recent progress note, dated June 3, 2014, indicated that there were ongoing complaints of low back pain, right knee pain, left elbow and bilateral foot pains. The pain was described as 7/10. The physical examination demonstrated 6 foot, 140 pound individual who was hypertensive (148/86). No other physical examination findings were reported. Diagnostic imaging studies reportedly noted significant progression of degenerative disc disease and disc space collapse at L4-L5 and L3-L4. No segmental instability was noted. Previous treatment includes lumbar surgery, right knee surgery and multiple medications. A request was made for upper extremity electrodiagnostic studies and was not certified in the pre-authorization process on March 3, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Electromagnetic Studies.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

Decision rationale: The request was for electrodiagnostic studies of the upper extremities. There were no findings on physical examination indicating that there were any subtle neurological losses involving the upper extremities. The presenting complaints were low back and leg pain. The injury was in the low back, and as such, there was no objective clinical information presented to support this request. Therefore, this request for upper extremity electrodiagnostic testing is not medically necessary.

Nerve conduction velocities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 1077-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Electrodiagnostic Studies.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

Decision rationale: The request was for electrodiagnostic studies of the upper extremities. There were no findings on physical examination indicating that there were any subtle neurological losses involving the upper extremities. The presenting complaints were low back and leg pain. The injury was in the low back, and as such, there was no objective clinical information presented to support this request. Therefore, this request for upper extremity electrodiagnostic testing is not medically necessary.