MAXIMUS Federal Services

| Case Number: | CM14-0041191 | | |
|---|---|---|---|
| Date Assigned: | 06/27/2014 | Date of Injury: | 03/04/2011 |
| Decision Date: | 08/18/2014 | UR Denial Date: | 03/12/2014 |
| Priority: | Standard | Application Received: | 04/07/2014 |

## 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 & Rehabilitation and is licensed to practice in Nevada. 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 65-year-old male who was reportedly injured on March 4, 2011. The mechanism of injury was not listed in these records reviewed. No specific event was noted, just that the injuries occurred in a routine course and scope of employment. The most recent progress note dated February 26, 2014 indicated that there were ongoing complaints of neck pain (7/10), right shoulder pain (5/10), low back pain (7/10) and bilateral knee pains. The physical examination demonstrated a 6 foot, 160-pound individual who was hypertensive (159/99). There was some atrophy to the shoulder girdle noted associated with tenderness to palpation. Cervical spine range of motion noted a slight decrease in range of motion, tenderness to palpation, and some muscle spasm. Deep tendon reflexes were intact. The lumbar spine examination noted an antalgic gait pattern, tenderness to palpation and evidence of muscle spasm. A decrease in lumbar spine range of motion was reported, and straight leg raising was noted to be positive at 25 of the right and 30 in the left. Deep tendon reflexes were 2+ intact. Sensory examination was slightly reduced. Motor function was 5/5. Diagnostic imaging studies were not completed with this evaluation. Previous treatment included magnetic resonance image studies, physical therapy, medications and conservative care. A request was made for electrodiagnostic studies and was not certified in the pre-authorization process on March 12, 2014.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Electromyography of the bilateral lower extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**Decision rationale:** As outlined in the American College of Occupational and Environmental Medicine guidelines, such studies must include changes on enhanced imaging studies as well as document a neurological compromise. When noting the date of injury, mechanism of injury and treatment, and the lack of any specific imaging studies assessing a nerve root compression, there is no medical necessity presented in the progress notes reviewed to support this request.

**1 Nerve Conduction Velocity Studies of the bilateral lower extremities:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 2013, Low back, Nerve conduction studies (NCS).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**Decision rationale:** As outlined in the American College of Occupational and Environmental Medicine guidelines, such studies must include changes on enhanced imaging studies as well as document a neurological compromise. When noting the date of injury, mechanism of injury and treatment, and the lack of any specific imaging studies assessing a nerve root compression, there was no medical necessity presented in the progress notes reviewed to support this request.