

<b>Case Number:</b>	CM14-0064528		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	07/30/2013
<b>Decision Date:</b>	09/08/2014	<b>UR Denial Date:</b>	04/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/07/2014

### 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 48 year-old male who was reportedly injured on July 30, 2013. The mechanism of injury is noted as a slip and fall event. The most recent progress note dated February 13, 2014, indicates that there are ongoing complaints of right lower extremity pain. The physical examination demonstrated tenderness to palpation of the lower lumbar spine, a decrease in lumbar spine range of motion, and a positive McMurray's test of the right knee. Diagnostic imaging studies were not reviewed. Previous treatment includes multiple medications and conservative care. A request was made for nerve conduction studies and was not certified in the pre-authorization process on April 9, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nerve Conduction Study of Left Lower Extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 1021-1022.

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

**Decision rationale:** Electrodiagnostic studies, which must include needle electromyogram (EMG), are recommended where a computed tomography or magnetic resonance image is equivocal and there are ongoing pain complaints that raise questions about whether there may be

a neurological compromise that may be identifiable (i.e., lower extremity symptoms consistent with radiculopathy, spinal stenosis, peripheral neuropathy, etc.). Based on the records reviewed, there is no objectification of a nerve root compromise on imaging study. Furthermore, the physical examination does not support evidence of nerve root compromise. Accordingly, the medical necessity is not established.

**Nerve Conduction Study of Right Lower Extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 1021 and 1022.

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

**Decision rationale:** Electrodiagnostic studies, which must include needle electromyogram (EMG), are recommended where a computed tomography or magnetic resonance image is equivocal and there are ongoing pain complaints that raise questions about whether there may be a neurological compromise that may be identifiable (i.e., lower extremity symptoms consistent with radiculopathy, spinal stenosis, peripheral neuropathy, etc.). Based on the records reviewed, there is no objectification of a nerve root compromise on imaging study. Furthermore, the physical examination does not support evidence of nerve root compromise. Accordingly, the medical necessity is not established.