

Case Number:	CM14-0067560		
Date Assigned:	07/11/2014	Date of Injury:	08/21/2012
Decision Date:	09/19/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	05/12/2014

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 General Surgery and is licensed to practice in Texas. 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 sustained an industrial injury to his low back on August 21, 2012. The claimant had no objective evidence of radiculopathy. There was a MRI of the low back on 10/11/2012 which revealed only degenerative changes and no acute neurocompressive lesions. There was a diagnostic (EMG/NCV) study done 11/7/2012 which had only abnormality of H wave prolongation with normal EMG. The claimant has subsequently seen another treating physician in 2014 who documents no neurologic deficits and requested a repeat EMG/NCV.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography Bilateral Lower Extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, EMG.

Decision rationale: There are no new neurologic deficits or equivocal findings to warrant a repeat EMG. The complaints are of low back pain and no sciatic component nor radicular

symptoms. There has been previous EMG and MRI that establishes the results of the industrial injury of 2012. As such, the request is not medically necessary.

Nerve Conducting Studies on Bilateral Lower Extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low bac, Electrodiagnostic studies.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.