

Case Number:	CM14-0090027		
Date Assigned:	09/10/2014	Date of Injury:	07/03/2007
Decision Date:	10/10/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/14/2014

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 Anesthesiology, 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:

29y/o male injured worker with date of injury 7/3/07 with related neck, low back and leg pain. Per progress note dated 5/23/14, the injured worker complained of constant low back pain that radiated to the bilateral lower extremities. He rated the pain 8/10 in intensity. He also complained of constant neck pain rated 8/10. The documentation notes that X-rays, EMG test, and MRI scan were completed in the past, however they were unavailable for review. Physical exam revealed lumbar tenderness, normal sensory testing, absent left Achilles reflex, and no motor exam reported. He has been treated with surgery, injections, physical therapy, and medication management. The date of UR decision was 6/5/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV Bilateral lower extremities: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177.

Decision rationale: ACOEM guidelines support ordering of imaging studies for emergence of red flags, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a

strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. Per the documentation submitted for review, evidence of neurologic dysfunction was present in the form of absent left Achilles reflex. The MTUS does not mandate a full neurological exam, simply the suggestion of neurological deficits. The request is medically necessary.