

Case Number:	CM14-0180915		
Date Assigned:	12/01/2014	Date of Injury:	11/20/1981
Decision Date:	01/13/2015	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/31/2014

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 Occupational Medicine 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:

Patient is a 68-year-old female with date of injury 11/20/1981. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 09/09/2014, lists subjective complaints as pain in the low back. Objective findings: Examination of the lumbar spine revealed tenderness to palpation along the lumbosacral is. Range of motion was restricted with flexion being 30 degrees and extension being 0 degrees. No sensory examination was documented by requesting physician. Diagnosis: 1. Discogenic lumbar condition with remarkable disc disease. Nerve studies showed L5 radiculopathy bilaterally and at L5 and with facet inflammation 2. Chronic pain syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nerve conduction studies for the lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: The ACOEM Guidelines state that electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low

back symptoms lasting more than three or four weeks. In this case, the patient has had previous nerve studies showing bilateral L5 radiculopathy. The reasons not mentioned widening studies are necessary. The injury is quite old, and there are no recent changes mentioned in the medical record. In addition, the medical record lacks in adequate examination. Nerve conduction studies for the lower extremities are not medically necessary.