

Case Number:	CM14-0186960		
Date Assigned:	11/17/2014	Date of Injury:	12/13/2000
Decision Date:	01/05/2015	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	11/10/2014

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 Emergency 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:

The injured worker is a male who reported an injury on 12/13/2000. The mechanism of injury was not provided. The injured worker's diagnosis included lumbago. The injured worker's past treatments were not included in the documentation. The injured worker's diagnostic testing was not included in the documentation. The injured worker's surgical history was not included in the documentation. The documentation did not include a clinical evaluation. The injured worker's medications were not included in the documentation. The request was for an EMG/NCS of the lower extremities. The rationale for the request was not provided. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCS of The Lower Extremities: Upheld

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

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

Decision rationale: According to the California MTUS/ACOEM Guidelines, unequivocal objective findings that identify specific nerve compromise on the neurologic examination are

sufficient evidence to warrant imaging in patients who do not respond to treatment. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Electromyography, including H reflex test, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. There were no clinical documents submitted for review. In the absence of documentation with sufficient evidence of radiculopathy, documented evidence of neurological deficits on physical examination, and documented evidence of tried and failed conservative care (to include physical therapy, home exercise program, and medications), the request is not supported. Therefore, the request is not medically necessary.