

Case Number:	CM14-0191809		
Date Assigned:	11/25/2014	Date of Injury:	08/28/2014
Decision Date:	01/12/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	11/17/2014

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:

This individual is a 52 year old female who had developed persistent left lower extremity symptoms subsequent to a slip on 8/28/14. She is described to have twisted her ankle and wrenched herself, but did not fall to the ground. Initially, the discomfort was reported to be in the ankle, but over time the left lower extremity has developed feelings of pain, numbness, and weakness. A possible S1 nerve dysfunction has been diagnosed. There is some question regarding a mismatch of objective and subjective findings.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCS Left Lower Extremities: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Low Back

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

Decision rationale: MTUS Guidelines support electrodiagnostic testing when there are persistent subtle neurological findings and the diagnosis is not clear. Per the medical records reviewed, this patient meets these criteria. The request is medically necessary.

EMG Left Lower Extremities: Overturned

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