

Case Number:	CM14-0192440		
Date Assigned:	11/26/2014	Date of Injury:	05/05/2014
Decision Date:	01/16/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	11/18/2014

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 Osteopathic Family Practice, has a subspecialty in Occupational Medicine/Pain Medicine and Manipulation 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:

According to the medical records the patient is a 30-year-old male who sustained an industrial injury on May 5, 2014. The patient is diagnosed with lumbar spine sprain strain, lumbar spine or thoracic radiculitis, and thoracic sprain strain. The medical records indicate that the patient was seen on October 23, 2014 at which time he complained of 5/10 low back pain radiating to the bilateral lower extremities left greater than right with numbness and tingling. No objective findings were recorded. Medications consists of opioids, nonsteroidal anti-inflammatory medications, proton pump inhibitors and topical medications. The medical records indicate that the request for electrodiagnostic studies has been noncertified on prior peer reviews. Most recent utilization review is dated November 4, 2014 at which time the request for electrodiagnostic studies was denied as there were no objective clinical findings to support these studies. The medical records indicate a letter of appeal on October 16, 2014 is requesting electrodiagnostic studies as medical necessary. However, the letter of appeal does not cite specific objective neurologic deficits to support these studies. Furthermore, it is noted that that neurosurgical a consultation was performed on July 29, 2014 at which time MRI showed very mild disc bulge at L5-S1 with no evidence of stenosis. The neurosurgeon's physical examination indicated a normal neurologic exam. The medical records also indicate that the patient was seen at [REDACTED] on August 8, 2014 at which time examination revealed 5/5 straight, normal reflexes, normal sensation, and negative straight leg raise.

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. Decision based on Non-MTUS Citation Official Disability Guidelines-Lumbar and Thoracic

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

Decision rationale: According to ACOEM guidelines, page 303, 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 and who would consider surgery an option. However, in this case the medical records do not establish physical examination findings to cause concern for radiculopathy stemming from the lumbar spine. The patient is noted to have intact neurological status on clinical examination, and therefore, the request for painful electrodiagnostic studies is not medically necessary.