

Case Number:	CM14-0195844		
Date Assigned:	12/03/2014	Date of Injury:	04/04/2012
Decision Date:	01/29/2015	UR Denial Date:	11/17/2014
Priority:	Standard	Application Received:	11/21/2014

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 Physical Medicine Rehab 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 patient's diagnosis is lumbosacral radiculopathy. On 10/08/2014, this patient was seen in treating orthopedic surgeon followup. The treating physician reviewed the patient's history with initial injury when she lost her footing and balance on her right foot when she went after a child who bolted away from her. The patient was found to have a right ankle fracture for which she underwent surgery. She then developed pain in her low back and has continued with complaints of low back pain radiating down her buttocks and the back of her thighs to the feet. Sensation was noted to be decreased in the outer aspect of the right foot. The treating physician diagnosed the patient with a lumbar radiculopathy. The treatment request has included a request for electrodiagnostic studies. An initial physician review noted that the patient has pain in the low back with radiation to the right foot and therefore the request would support electrodiagnostics in the right lower extremity but not in the left lower extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV of bilateral lower extremities: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: ACOEM Guidelines, chapter 12, low back, page 303, state that electrodiagnostic testing may be helpful to identify subtle, focal neurological dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. The initial physician review in this case concluded that an electrodiagnostic study of the lower extremity was indicated only in one limb but not both because the patient only had symptoms in one limb. However, the records discuss radiating symptoms in both lower extremities. More notably, however, even if this patient did have symptoms on only one side at the time the electrodiagnostic study was conducted, it is often helpful for an electromyographer to perform comparative studies one side versus the other to aid in the interpretation of the study. For these reasons, the request is supported by the treatment guidelines. The request is medically necessary.