

Case Number:	CM14-0208189		
Date Assigned:	01/13/2015	Date of Injury:	10/04/2012
Decision Date:	05/22/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/11/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, Florida, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 35 year old male, who sustained an industrial injury on 10/4/2012. He reported right shoulder and low back injury. The injured worker was diagnosed as having radicular syndrome of lower limbs, myalgia and myositis, and displacement of lumbar intervertebral disc. Treatment to date has included medications, modified work, and functional capacity evaluation. The request is for magnetic resonance imaging of the lumbar spine and electrodiagnostic studies of the bilateral lower extremities. On 10/16/2014, he complained of progressive increases in pain and inability to manage continued pain. He reported loss of strength in the left calf area. The treatment plan included electrodiagnostic studies, and magnetic resonance imaging. The records indicate physical therapy, exercise and relaxation helped to improve his condition.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 EMG/NCS of bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Lumbar and Thoracic.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): American College of Occupational and Environmental Medicine (ACOEM), 2nd
Edition, (2004). Chapter 12, page 303.

Decision rationale: This claimant was injured about three years ago. The diagnosis of a radicular syndrome reportedly is already established. There are not clear, objective injury neurologic findings on a well document physical examination. The MTUS ACOEM notes that electrodiagnostic studies may be used when the neurologic examination is unclear, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. In this case, there was not a neurologic exam showing equivocal signs that might warrant clarification with electrodiagnostic testing. The request was appropriately not medically necessary.