MAXIMUS Federal Services

Case Number:	CM14-0071353		
Date Assigned:	07/14/2014	Date of Injury:	02/19/2014
Decision Date:	03/25/2015	UR Denial Date:	05/05/2014
Priority:	Standard	Application Received:	05/16/2014

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, Ohio, Massachusetts
Certification(s)/Specialty: Neurology

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 39-year-old male who reported an injury on 02/19/2014 due to a fall. The injured worker reportedly sustained an injury to his low back and left lower extremity. The injured worker's treatment history included physical therapy, medications, activity modifications, and acupuncture. The injured worker was evaluated on 04/15/2014. It was reported that the injured worker had an increase in back pain rated at a 5/10. Physical findings included normal motor strength, normal deep tendon reflexes, and normal protective sensation. It was noted that the injured worker was diagnosed with left heel plantar fasciitis. A request was made for an electromyography and nerve conduction study of the right lower extremity. No justification for the request was provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyelogram (EMG) of the right lower extremity (RLE): Upheld

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): 303-305.

Decision rationale: The requested electromyogram of the right lower extremity is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends an electrodiagnostic study when a more precise delineation between peripheral nerve entrapment and radiculopathy is needed to assist with treatment planning. The clinical documentation submitted for review does not indicate that the injured worker has any type of right-sided symptoms. this injured worker has left-sided complaints. Therefore, the need for an electrodiagnostic study of the right lower extremity is not clearly indicated. As such, the request is not medically necessary or appropriate.

Nerve Conduction Study (NCS) of the right lower extremity (RLE): Upheld

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): 303-305.

Decision rationale: The requested NCS of the right lower extremity is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends an electrodiagnostic study when a more precise delineation between peripheral nerve entrapment and radiculopathy is needed to assist with treatment planning. The clinical documentation submitted for review does not indicate that the injured worker has any type of right-sided symptoms. this injured worker has left-sided complaints. Therefore, the need for an electrodiagnostic study of the right lower extremity is not clearly indicated. As such, the request is not medically necessary or appropriate.