

Case Number:	CM15-0007947		
Date Assigned:	01/23/2015	Date of Injury:	08/06/2014
Decision Date:	03/19/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	01/14/2015

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: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 61-year-old male who reported an injury on 08/06/2014. An appeal letter dated 12/12/2014 shows that an appeal was being requested for denial of electrodiagnostic studies of the lower extremities. It was noted that the injured worker had low back pain that radiated into the left lower extremity, with a positive straight leg raise. On 12/08/2014, he presented for an evaluation with noticeable improvement after physical therapy. He stated that his pain level had decreased and it was more tolerable. He also stated that the pain increased if he attempted to walk fast or did not use lower back support. An examination showed that he had pain in the left side of the lower back that extended to the left thigh and below the left knee, as well as stress sciatic testing with a 1+ on the left side. There was no motor weakness noted. He was diagnosed with cervicalgia, sprain and strain of the thoracic region, and sprain and strain of the lumbosacral region. The treatment plan was for an EMG/NCS for the bilateral lower extremities. The rationale was to evaluate the injured worker's symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCS for bilateral lower extremities: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 303-305.

Decision rationale: The California ACOEM Guidelines indicate that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in those who do not respond to treatment and who would consider surgery an option. Based on the clinical documentation submitted for review, it was stated that the injured worker was improving with physical therapy. The request for electrodiagnostic studies when it was noted that the injured worker had made noticeable improvement with physical therapy would indicate that he is responding to conservative treatment and would not warrant the request for electrodiagnostic testing. In addition, the injured worker does not have any significant neurological deficits in a specific dermatomal or myotomal distribution to support the request for electrodiagnostic testing. Given the above, the request is not medically necessary.