

<b>Case Number:</b>	CM15-0101823		
<b>Date Assigned:</b>	06/04/2015	<b>Date of Injury:</b>	03/01/2014
<b>Decision Date:</b>	07/14/2015	<b>UR Denial Date:</b>	05/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2015

### 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, North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 41 year old female, who sustained an industrial injury on 03/01/2014. She has reported subsequent low back and lower extremity pain and was diagnosed with lumbar disc displacement, lumbar radiculopathy, lumbar sprain/strain, right plantar fasciitis, lumbosacral strain and right ankle strain. Treatment to date has included oral and topical pain medication and electro acupuncture. In a progress note dated 05/08/2015, objective findings were notable for positive straight leg raise on the right side in the sitting supine position, positive trigger points and decreased range of motion of the lumbar spine. A request for authorization of electromyogram/nerve conduction study of the bilateral legs and MRI of the right foot was submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG/NCS of bilateral legs:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back (EMG/NCS).

**Decision rationale:** The request is for bilateral EMG/NCS of both lower extremities in a patient with chronic low back pain. ACOEM chapt 12 states that NCS are usually normal in cases of radiculopathy. EMG is recommended for subtle focal neurologic deficits lasting greater than 3-4 weeks. An EMG is not necessary for clinically obvious radiculopathy. CA MTUS does not address NCS. In this case, there is no documentation of any neurologic deficits which would warrant an EMG/NCS, therefore the request is deemed not medically necessary or appropriate.

**MRI right foot:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot Chapter, magnetic resonance imaging (MRI).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and foot (MRI).

**Decision rationale:** ODG states that MRI of the foot is indicated to diagnose soft tissue injuries and conditions such as traumatic or degenerative injuries and osteochondritis dissecans. In this case, the patient is not suspected to have these disorders. In addition, there is documentation submitted of a foot examination and no rationale submitted for the requested MRI. Thus the request is deemed not medically necessary or appropriate.