

Case Number:	CM15-0089155		
Date Assigned:	05/13/2015	Date of Injury:	07/16/2013
Decision Date:	06/15/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/08/2015

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: 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 43 year old female, who sustained an industrial injury on 07/16/2013. She reported injuring her low back when picking up a box. The injured worker is currently permanent and stationary and working with modifications. The injured worker is currently diagnosed as having lumbar discogenic disorder, lumbar facet syndrome, sprain of coccyx, and neck sprain. Treatment and diagnostics to date has included chiropractic treatment, physical therapy, lumbosacral orthosis, back x-rays, and medications. In a progress note dated 04/01/2015, the injured worker presented with complaints of pain in the middle of her low back to the right and her right leg is asleep sometimes. Objective findings include normal range of motion to both shoulders, pain with lumbar spine extension, and tender mid low back. The treating physician reported requesting authorization for electromyography/nerve conduction studies of the right lower extremity to assess for right lumbosacral radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCS of the right lower extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), electrodiagnostic testing; Nerve Conduction Studies (NCS).

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: 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 non-certified.