

Case Number:	CM14-0115178		
Date Assigned:	09/16/2014	Date of Injury:	05/29/2003
Decision Date:	10/15/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	07/23/2014

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. The expert reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

There were 68 pages provided for review. The request for independent medical review was signed on July 23, 2014. It was for electromyography\nerve conduction velocity study of the left lower extremity, which was not certified. There was a review that was done on July 16, 2014. The mechanism of injury was lifting luggage. The current medicines included Duragesic, hydromorphone, Flexeril, Lidoderm patches, Senokot and Gralise. There was an L5-L6 decompression [note, typically, back vertebrae only go up usually to L5, but this is reported as written], laminectomy and instrumented fusion on February 5, 2014. The patient reportedly on imaging had a central disc protrusion at C4 and C5. The other therapies that were tried were not provided. He was described in other records as a 63-year-old man who was injured back in the year 2003, now 11 years ago. As of June 19, 2014 he had ongoing thoracic and lumbar spine pain. He reportedly was doing well on the medicines. The medicines bring his pain down from a level 8 out of 10, to 4. They allow him to do activities of daily living. He lives alone and has no help. The medicines were not causing adverse side effects and there were no abnormal drug-seeking behaviors. He has not reported lost or stolen medicines. There was no documentation of myotome or dermatomal findings to support that there is neural pathology that needs clarification with electromyography and nerve conduction study.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) electromyography / Nerve Conduction Velocity Study of the Left Lower Extremity between 7/11/2014 and 8/25/2014: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 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 is not medically necessary.