

Case Number:	CM14-0149324		
Date Assigned:	10/01/2014	Date of Injury:	03/12/2012
Decision Date:	11/06/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	09/15/2014

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 Physical Medicine and Rehabilitation 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:

The underlying date of injury in this case is 03/12/2012. The date of the utilization review under appeal is 08/19/2014. Treating diagnoses include left shoulder impingement, lumbar discopathy, left leg numbness, and knee pain. On 08/26/2014, the treating physician was seen in followup and noted ongoing left shoulder pain, left knee pain, lumbar pain, and leg pain which were substantial. On physical examination, the patient had symmetrical reflexes in the lower extremities with decreased pin sensation in the dorsum of the foot and posterior lateral calf on the left as well as grade 4 plantar, flexor, and toe extensor strength on the left. The treating physician recommended MRI imaging of the left knee and lumbar spine as well as electrodiagnostic studies. An initial physician review noted that an MRI had been certified and therefore an EMG was not indicated.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG of the 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.

Decision rationale: ACOEM Guidelines, Chapter 12, Low Back, page 303, recommends imaging studies when there are clear, unequivocal neurological findings on the exam suggesting nerve compromise. These guidelines recommend electrodiagnostic findings when the neurological deficits are more subtle. The medical records in this case do very clearly demonstrate neurological deficits. Given these factors and given that MRI imaging has been previously certified, the guidelines and medical records do not support indication for electrodiagnostic studies at this time. This request is not medically necessary.

NCV of the Lower Extremities: 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), Low Back: Lumbar and Thoracic (Acute and Chronic)

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

Decision rationale: ACOEM Guidelines, Chapter 12, Low Back, page 303, recommends imaging studies when there are clear, unequivocal neurological findings on the exam suggesting nerve compromise. These guidelines recommend electrodiagnostic findings when the neurological deficits are more subtle. The medical records in this case do very clearly demonstrate neurological deficits. Given these factors and given that MRI imaging has been previously certified, the guidelines and medical records do not support indication for electrodiagnostic studies at this time. This request is not medically necessary.