

Case Number:	CM13-0064643		
Date Assigned:	01/03/2014	Date of Injury:	07/11/2012
Decision Date:	11/09/2015	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/12/2013

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

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:

This is a 49 year-old male who was injured on 7/11/2012 when he standing on a platform working on an electrical panel and got electrocuted and the shock knocked him off the platform and he landed on his back. He reported entire body pain. According to the 11/11/13 initial orthopedic consultation, the patient presents 4-5/10 with mid and low back pain, with radiating pain down the legs. He reports the pain ranges from 3-10/10. The diagnoses is thoracic sprain, improved; lumbar sprain; probable lumbar HNP; r/o radiculopathy of the lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG left lower extremity: Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

Decision rationale: The patient presents with lower back pain radiating down both legs. The records show the pain has been present for over 4-weeks. MTUS/ACOEM guidelines state "Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks." The request for the EMG of the left lower extremity is in accordance with MTUS/ACOEM guidelines.

EMG right lower extremity: Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

Decision rationale: The patient presents with lower back pain radiating down both legs. The records show the pain has been present for over 4-weeks. MTUS/ACOEM guidelines state "Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks." The request for the EMG of the right lower extremity is in accordance with MTUS/ACOEM guidelines.

NCV left lower extremity: Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

Decision rationale: The patient presents with lower back pain radiating down both legs. The records show the pain has been present for over 4-weeks. MTUS/ACOEM guidelines state "Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks." The H-reflex test is a part of the NCV study. The request for the NCV of the left lower extremity would appear to be in accordance with MTUS/ACOEM guidelines.

NCV right lower extremity: Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

Decision rationale: The patient presents with lower back pain radiating down both legs. The records show the pain has been present for over 4-weeks. MTUS/ACOEM guidelines state "Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks." The H-reflex test is a part of the NCV study. The request for the NCV of the right lower extremity would appear to be in accordance with MTUS/ACOEM guidelines.