

Case Number:	CM13-0044665		
Date Assigned:	02/07/2014	Date of Injury:	09/20/1999
Decision Date:	10/20/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	10/30/2013

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. The expert reviewer is Board Certified in Neurology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 is a PR2 from July 31, 2013. It indicates physical exam revealed tinnitus from mid to the distal lumbar segments with pain with terminal motion. The low back pain was being aggravated by bending, lifting, twisting, pushing, pulling, sitting, standing and walking multiple blocks. The assessment was that the insured was status post L5-S1 hemilaminotomy and microdiscectomy with posterior lumbar interbody fusion. Note July 31, 2013, indicated the insured had residual dysesthesia upper lower extremities with pain on terminal motion with recommendation to obtain EMG study.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar MRI(magnetic resonance imaging): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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, MRI.

Decision rationale: The medical records provided for review do not document the presence of abnormal neurologic findings such as weakness, sensory loss, reflex change, findings of myelopathy, or support for spine instability or document concern for malignancy or infection in support of meeting ODG guidelines for MRI of lumbar spine.

EMG(electromyography) bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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.

Decision rationale: The medical records provided for review do not document the presence of abnormal objective neurologic findings such as weakness, sensory loss, reflex change or findings of myelopathy on exam in support of EMG being performed.

NCV(nerve conduction velocity) test bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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, MCV.

Decision rationale: The medical records provided for review do not document the presence of abnormal objective neurologic findings such as weakness, sensory loss, reflex change or findings of myelopathy on exam in support of NCV being performed.