

Case Number:	CM13-0060564		
Date Assigned:	12/30/2013	Date of Injury:	10/23/2010
Decision Date:	03/27/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	12/03/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 physician 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:

This is a 53 year-old female with a 10/23/10 industrial injury claim. According to the 11/14/13 report from [REDACTED], the patient presents with intermittent lumbar pain with radiating pain and burning. The diagnostic impression is Lumbar spine discopathy and stress. The plan was for a lumbar spine brace and EMG/NCV BLE.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar spine brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301, 308.

Decision rationale: The patient presents with back and leg pain. The Doctor's first Report from 10/23/10 has the description "finger (right middle) was injured by a moving part". There is a 3/5/13 QME, that reports the back pain just started sometime in 2010. The patient has chronic low back pain from 2010. The patient is not working. MTUS/ACOEM states : " Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptoms relief" The

request for a lumbar support in the chronic phase is not in accordance with MTUS/ACOEM guidelines.

EMG bilateral 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: The patient presents with low back pain and radiating pain down the legs. 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 patient's lower back pain has lasted over 4-weeks. The request for EMG is in accordance with MTUS/ACOEM guidelines.

NCV bilateral lower extremities: Overturned

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: The patient presents with low back pain and radiating pain down the legs. 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 patient's lower back pain has lasted over 4-weeks. The request for EMG is in accordance with MTUS/ACOEM guidelines, and the H-reflex is a part of the NCV study, so the NCV appears to be in accordance with MTUS/ACOEM guidelines.