

Case Number:	CM14-0004521		
Date Assigned:	02/05/2014	Date of Injury:	11/09/2010
Decision Date:	06/20/2014	UR Denial Date:	01/07/2014
Priority:	Standard	Application Received:	01/13/2014

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 American Board of Orthopedic Surgery 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 injured is a 40-year-old male who was injured on November 9, 2010. The current diagnoses for the claimant include cervical spine strain, failed lumbar spine surgery, low back surgery, left hip strain, and left knee strain. In the clinical document, dated October 17, 2013, the claimant is documented as having hypoactive left patellar tendon reflex, a positive straight leg raise test, and diminished sensation on the left in the L4 and L5 dermatomes. In a clinical document dated October 21, 2013, the claimant is noted to have left foot numbness and tingling that started approximately three months prior and has now become constant. The utilization review in question was rendered on January 7, 2014. The reviewer denies the claim noting no significant changes in neurologic functional deficits noted on examination.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG BILATERAL LOWER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: The ACOEM notes that EMG for clinically obvious radiculopathy is not recommended. Based on the clinical documentation provided, the exam specifically identified

that the L4 and L5 nerve root are involved. As such, it is unclear what additional information could be gained from the requested EMG study.

SHOCKWAVE THERAPY 1X6 WEEKS FOR THE LOW BACK: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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, Shock Wave Therapy.

Decision rationale: The ODG specifically recommends against this modality for the management of low back pain and notes that the available evidence does not support the effectiveness of this treatment.