MAXIMUS Federal Services

Case Number:	CM14-0125677		
Date Assigned:	08/11/2014	Date of Injury:	10/24/2012
Decision Date:	10/09/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	08/07/2014

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 Nevada. 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 worker is a 64-year-old female who was reportedly injured on October 14, 2012. The mechanism of injury is noted as sudden low back pain after transferring a patient. The most recent progress note, dated July 14, 2014, indicated that there were ongoing complaints of low back pain. A lumbar epidural steroid injection has been completed. Some relief was noted. Bilateral lower extremity involvement was also noted. The physical examination demonstrated the patient with a cane with data for ambulation. There was also tenderness to palpation, with muscle spasm and guarding in the lower lumbar spine. A reduced range of motion associated with trigger points were identified. Diagnostic imaging studies objectified multiple level degenerative changes and disc desiccation. Previous treatment included multiple medications, injection therapy, physical therapy and pain management interventions. A request was made for electrodiagnostic studies and was not certified in the pre-authorization process on July 23, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography of low extremities: Upheld

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

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

Decision rationale: When noting the date of injury, the injury sustained, the current findings on physical examination and by the parameters noted on magnetic resonance image (MRI) as well as the California Medical Treatment Utilization Schedule guidelines, there is no clear clinical indication for the study. As outlined in the California Medical Treatment Utilization Schedule guidelines, electrodiagnostic studies are recommended where MRI or computed tomography scan is equivocal. Furthermore, there is no clear clinical indication that there is a nerve root compromise. As such, based on the limited clinical information presented for review, there is no medical necessity established for this study.

Nerve Conduction Velocity of lower extremities: Upheld

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

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

Decision rationale: When noting the date of injury, the injury sustained, the current findings on physical examination and by the parameters noted on magnetic resonance image (MRI) as well as the California Medical Treatment Utilization Schedule, there is no clear clinical indication for the study. As outlined in the California Medical Treatment Utilization Schedule, electrodiagnostic studies are recommended where MRI or computed tomography scan is equivocal. Furthermore, there is no clear clinical indication that there is a nerve root compromise. As such, based on the limited clinical information presented for review, there is no medical necessity established for this study.