

Case Number:	CM14-0127345		
Date Assigned:	08/15/2014	Date of Injury:	11/23/2011
Decision Date:	09/16/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	08/12/2014

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 records presented for review indicate that this 40-year-old gentleman was reportedly injured on November 23, 2011. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated January 22, 2014, indicates that there are ongoing complaints of low back pain radiating to the left leg with numbness. The physical examination demonstrated an antalgic gait favoring the left leg. There was a positive sitting root test on the left greater than right side and decreased sensation and muscle weakness along the left leg. Diagnostic imaging studies of the lumbar spine indicate evidence of a previous laminectomy at the L5 - S-1 level with an L5 on S1 retrolisthesis. There was also evidence of a previous laminectomy at L4 - L5. Previous treatment includes a lumbar spine surgery performed on January 29, 2014. A request had been made for computer data analysis for back functional data and was not certified in the pre-authorization process on July 17, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Computer data analysis for back functional data.: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition

(2004), ACOEM Practice Guidelines, 2nd edition, Chapter 7 - Independent Medical Examinations and Consultations, page 127.

Decision rationale: It is unclear what is requested or the reasoning behind the request for a decision for computer data analysis for back functional data. Without additional justification and clarification regarding this request. This request for a decision for computer data analysis for back functional data is not medically necessary.