

Case Number:	CM14-0030836		
Date Assigned:	03/21/2014	Date of Injury:	10/12/2011
Decision Date:	06/09/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/12/2014

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 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 records presented for review indicate that the request for bilateral lower extremity electrodiagnostic studies (EMG/NCS) was not certified. It was reported that the mechanism of injury was a blunt force trauma to the posterior aspect of the skull and cervical spine. A traumatic brain injury has been noted. Imaging studies identified multiple level degenerative processes throughout the cervical spine. Also noted were previous diagnostic studies which not identify any acute pathology. There is an emergency department note indicating this was discovered associated playing with his daughter. The same pain is noted to have occurred intermittently over the prior 3 years. Also reported is chronic body pain. The injured employee is noted to be hypertensive. A positive response to the medication Motrin is noted. The February 2014 request for treatment noted a traumatic brain injury, status post bilateral carpal tunnel release and lower extremity electrodiagnostic studies are being pursued. The progress notes indicated that previous letter diagnostic studies were negative. The records also reflect that maximum medical improvement had been determined and an impairment rating assigned.

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 Chronic Pain Treatment Guidelines Low Back.

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

Decision rationale: When noting the date of injury, the treatment to date, the multiple neurological evaluations as well as the previously completed electrodiagnostic assessment, there is no data presented to suggest the need for repeat testing at this time. There is no noted disc lesion causing the nerve root and the physical generation findings are overly vague. Therefore, there is insufficient clinical information presented to support this request.

NCV BILATERAL LOWER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Low Back.

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

Decision rationale: When noting the date of injury, the treatment to date, the multiple neurological evaluations as well as the previously completed electrodiagnostic assessment, there is no data presented to suggest the need for repeat testing at this time. There is no noted disc lesion causing the nerve root and the physical generation findings are overly vague. Therefore, there is insufficient clinical information presented to support this request.