

Case Number:	CM14-0032821		
Date Assigned:	06/20/2014	Date of Injury:	02/27/2013
Decision Date:	07/22/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/14/2014

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 General Surgery and is licensed to practice in Texas. 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 31 year old female who sustained a low back industrial injury on 2/27/2013 while pushing three loaded laundry carts. The claimant had conservative care including medication, physical therapy and at least two epidural steroid injections (ESI). There has been a MRI on 6/3/13 that documented a lumbar spine S1 disc extrusion on top of a Grade one retrolisthesis. The first ESI was on 9/25/13 but the results of which was not discussed in the materials supplied for review. There are multiple office notes by a treating physician dated 7/9/13, 8/9/13, 9/20/13, 11/1/13, 12/13/13, and 1/14/14 which documented the exact same physical exams with no new neurologic findings.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG bilatreal lower extremities: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-306. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, EMG, electrodiagnostic testing.

Decision rationale: Given the date of injury and stable neurologic findings and recent EMG, a repeat EMG is not medically necessary. Furthermore there has been previous imaging and a physical exam without any substantive changes to warrant EMG. As such, the request is not medically necessary and appropriate.

NCS bilateral lower extremities: 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 Official Disability Guidelines (ODG).

Decision rationale: The ODG Low Back Section decrees the use of NCV as not medically necessary in the face of radiculopathy and/or other neurologic deficits. There is no rationale mentioned in the office notes that would support NCV testing for this claimant. As such, the request is not medically necessary and appropriate.