

Case Number:	CM14-0035027		
Date Assigned:	06/23/2014	Date of Injury:	08/17/2013
Decision Date:	07/25/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	03/20/2014

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 Occupational Medicine 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 36 year old female whose date of injury is 08/17/2013. On this date, the injured worker lifted five gallons of paint and noted low back pain. The injured worker's history is significant for back surgery at L5-S1 in 2008. Lumbar MRI dated 08/02/13 revealed interval progression of disc dehydration and further loss of disc height at L5-S1. The right paracentral component of the disc protrusion contacts the right S1 nerve root. Note dated 02/21/14 indicates that the injured worker complains of radiating low back pain and right foot numbness that was worsening. Treatment to date includes physical therapy and medication management. Prior utilization review indicates that the request was partially certified for EMG/NCV of the right lower extremity only.

IMR ISSUES, DECISIONS AND RATIONALES

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

Muscle test one limb.: Upheld

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

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Decision rationale: Based on the clinical information provided, the request for muscle test one limb is not recommended as medically necessary. The submitted records indicate that the injured worker was previously authorized to undergo electrodiagnostic study (EMG/NCV) of the right lower extremity only. The injured worker's physical examination fails to document any significant left sided symptoms. The injured worker's lumbar MRI fails to document any significant left sided pathology. Therefore, there is insufficient clinical information to support a change in determination. The requested muscle test is not in accordance with ACOEM Guidelines, and medical necessity is not established.