

Case Number:	CM14-0084258		
Date Assigned:	07/21/2014	Date of Injury:	07/29/2010
Decision Date:	10/08/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	06/05/2014

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 56 year-old male who was reportedly injured on July 29, 2010. The mechanism of injury is noted as a fall on his tailbone. The most recent progress note dated June 16, 2014, indicates that there are ongoing complaints of low back pain. The physical examination demonstrated a 6 foot, 238 pound individual who is hypertensive (143/83). There was decreased sensation noted over the tibialis anterior on the right lower extremity. Deep tendon reflexes are noted to be 2+ at the knee and 1+ at the ankle. Diagnostic imaging studies objectified multiple level degenerative changes throughout the cervical and lumbar spine with no evidence of specific nerve root encroachment. Previous treatment includes cervical fusion procedure, physical therapy, multiple medications, lumbar laminectomy/discectomy and pain management interventions. A request had been made for electrodiagnostic studies and was not certified in the pre-authorization process on May 14, 2014.

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

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

Decision rationale: When noting the date of injury, the injury sustained, the findings identified on previous enhanced imaging studies and noting a lumbar laminectomy/discectomy has been completed tempered by the most recent physical examination reported there is no clear clinical indication of any advancing neurologic compromise. Furthermore, the magnetic resonance image is anything but equivocal in terms of establishing that there is no specific nerve root encroachment. Therefore, based on the objective data presented plus the physical examination evidence reported and tempered by the parameters noted in the California Medical Treatment Utilization Schedule there is no clinical indication for electrodiagnostic studies.

NCV Bilateral Lower Extremity: 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.

Decision rationale: When noting the date of injury, the injury sustained, the findings identified on previous enhanced imaging studies and noting a lumbar laminectomy/discectomy has been completed tempered by the most recent physical examination reported there is no clear clinical indication of any advancing neurologic compromise. Furthermore, the magnetic resonance image is anything but equivocal in terms of establishing that there is no specific nerve root encroachment. Therefore, based on the objective data presented plus the physical examination evidence reported and tempered by the parameters noted in the California Medical Treatment Utilization Schedule there is no clinical indication for electrodiagnostic studies.