

<b>Case Number:</b>	CM14-0092316		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	01/13/2012
<b>Decision Date:</b>	09/26/2014	<b>UR Denial Date:</b>	06/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/18/2014

### 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 43 year old female was reportedly injured on January 13, 2012. The mechanism of injury is undisclosed. The most recent progress note, dated July 31, 2014, indicated that there were ongoing complaints of low back pain. The physical examination demonstrated no functional change subsequent to the prior evaluation. Diagnostic imaging studies were not reported. Previous treatment included multiple medications, conservative care, elected diagnostic evaluations and pain management consultation. A request was made for electrodiagnostic studies and was not certified in the preauthorization process on June 12, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Electrodiagnostic studies:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

**Decision rationale:** As noted in the American College of Occupational and Environmental Medicine (ACOEM) guidelines, diagnostic studies can be recommended for chronic low back pain where the CT or MRI is equivocal, and there are ongoing complaints of pain that raise

questions about a possible neurological compromise. However, the requesting provider's progress notes indicate no progressive neurological dysfunction, and when noting previous assessments, there is no clinical indication of a radiculopathy. Therefore, based on the clinical information presented for review, the medical necessity for this study is not established.