

Case Number:	CM14-0192644		
Date Assigned:	11/26/2014	Date of Injury:	01/18/2013
Decision Date:	01/13/2015	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	11/18/2014

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 Internal Medicine, and is licensed to practice in New York. 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 patient is a 40 year old male delivery driver with a date of injury of 01/18/2013. He lifted a bale of hay (175 pounds) and noted low back pain. On 04/07/2013 a lumbar MRI revealed neural foraminal stenosis at L4- L5. There was multilevel disc bulge. On 06/24/2014 he had a NCS/EMG. Lower extremity strength was normal. Reflexes were normal. The bilateral lower extremity EMG/NCS was normal. On 06/25/2014 it was noted that his back pain was 9/10 and that he had an EMG/NCS of the lower extremities the day before. There was tenderness of the lumbar paravertebral muscles. Bilateral straight leg raising was positive. On 09/08/2014 he had back pain and left wrist pain. The lumbar range of motion was decreased. On 10/6/2014 it was noted that the patient was neurovascularly intact.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Spine Brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: MTUS, ACOEM Chapter 12 page 301 notes, "Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." At this point the patient is beyond the acute phase of back pain and a lumbar brace is not medically necessary.

EMG/NCV of Bilateral lower extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Compensation (TWC).

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

Decision rationale: MTUS, ACOEM, Chapter 12 Low Back Complaints notes on page 303 that EMG/NCS may be useful to identify subtle focal neurologic dysfunction. However, this patient already had a normal EMG/NCS on 06/24/2014 and there is no objective documentation of any acute changes in his clinical assessment. Therefore, the request for another EMG/NCS is not medically necessary.