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| Case Number: | CM15-0040557 | | |
| Date Assigned: | 03/10/2015 | Date of Injury: | 07/23/2012 |
| Decision Date: | 05/06/2015 | UR Denial Date: | 02/27/2015 |
| Priority: | Standard | Application Received: | 03/03/2015 |

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 40-year-old female with a reported date of injury of 07/23/2012. The mechanism of injury involved repetitive lifting. The current diagnosis is sprain of the lumbar region. The only clinical documentation submitted for this review is a Qualified Medical Evaluation dated 12/15/2014. It was noted that the injured worker underwent an EMG/NCV of the bilateral lower extremities on 09/23/2014, which revealed normal findings. The injured worker also underwent an MRI of the lumbar spine on 10/23/2014, which revealed a broad based central disc protrusion at L5-S1. There was no comprehensive physical examination provided on that date. Future medical treatment included physical therapy, a series of lumbar epidural injections, and work restrictions. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG bilateral lower extremities: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: California MTUS/ACOEM Practice Guidelines state electromyography, including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. There was no comprehensive physical examination provided for this review. There is no evidence of a significant musculoskeletal or neurological deficit. Additionally, the injured worker underwent electromyography and nerve conduction velocity in 09/2014. The medical necessity for a repeat study has not been established in this case. Given the above, the request is not medically necessary.

NCV bilateral lower extremities: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: California MTUS/ACOEM Practice Guidelines state electromyography, including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. There was no comprehensive physical examination provided for this review. There is no evidence of a significant musculoskeletal or neurological deficit. Additionally, the injured worker underwent electromyography and nerve conduction velocity in 09/2014. The medical necessity for a repeat study has not been established in this case. Given the above, the request is not medically necessary.

Referral to internist to monitor medication: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: California MTUS/ACOEM Practice Guidelines state a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment plan. There was no recent physical examination provided for this review. The medical necessity for an internal medicine referral has not been established. There was no evidence of an acute abnormality. Given the above, the request is not medically necessary.