

Case Number:	CM14-0147009		
Date Assigned:	09/15/2014	Date of Injury:	01/09/2014
Decision Date:	10/15/2014	UR Denial Date:	08/30/2014
Priority:	Standard	Application Received:	09/10/2014

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 Orthopedic Surgery and is licensed to practice in California. 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 claimant is a 44-year-old who injured the low back in a work related accident on 01/09/14. The medical records provided for review included the report of an MRI dated 02/18/14 identifying multilevel disc desiccation and bulging at L2-3, L4-5 and L5-S1. The report of a follow up visit on 08/11/14 reveals continued subjective complaints of low back pain with no acute radicular findings. The objective examination findings included diminished range of motion with no motor, sensory, or reflexive changes. The prior visit on 07/30/14 recommended a CT myelogram and electrodiagnostic studies. The examination on 07/07/14 also did not identify any radicular findings and noted axial low back complaints with no sensory, motor, or reflexive changes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Guide nerv destr needle emg: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 336.

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

Decision rationale: Based on California ACOEM Guidelines, the request for electrodiagnostic studies of the lower extremities is not recommended as medically necessary. The medical records do not document any evidence of radicular complaints for the past two months with no radicular findings on examination. The claimant essentially has axial low back pain. Based on the above, the need for electrodiagnostic studies with no indication of lower extremity neurologic findings would not be supported.