

Case Number:	CM15-0072341		
Date Assigned:	04/22/2015	Date of Injury:	04/18/2005
Decision Date:	05/20/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/16/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 72 year old male, who sustained an industrial injury on 4/18/2005. The medical records submitted for this review did not include details regarding the initial injury. Diagnoses include low back pain status post fusion in 2007 and revision in 2009. Treatments to date include medication therapy, physical therapy, and home exercise. Currently, he complained of ongoing low back pain. On 2/20/15, the physical examination documented slow ambulation and use of a cane with antalgic gait. The plan of care included continuation of medication therapy and electrodiagnostic studies of the lower back and bilateral extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electrodiagnostic Studies of the Low Back and Lower Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Minimum Standards for electrodiagnostic studies.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

Decision rationale: This 72 year old male has complained of low back pain since date of injury 4/18/05. He has been treated with surgery, physical therapy and medications. The current request is for Electrodiagnostic Studies of the Low Back and Lower Extremities. The available medical records do not document the provider rationale for obtaining the requested emg study. On the basis of the MTUS guidelines cited above and the available provider documentation, Electrodiagnostic Studies of the Low Back and lower extremities is not indicated as medically necessary.