MAXIMUS Federal Services

Case Number:	CM13-0023949		
Date Assigned:	11/20/2013	Date of Injury:	03/15/2001
Decision Date:	01/17/2014	UR Denial Date:	08/29/2013
Priority:	Standard	Application Received:	09/13/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation 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 physician 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 64 year old male who reported injury on 03/15/2001. The mechanism of injury was lifting a 30 pound object. The most recent clinical note dated 10/10/2013 reported the patient continued to have complaints of severe back, and leg pain. Physical assessment revealed positive straight leg raise bilaterally, restricted range of motion to lumbar spine, and spasms in the lumbar spine left flank area. The patient was having more sciatic pain to right leg than the left, and rating his pain at 10/10. The patient had multiple medical problems to include, the placement of an inferior vena cava filter, status post lumbar fusion, thoracic degenerative disc disease strain, and continuous oxygen therapy. Requests and recommendations were made for epidural steroid injection to left side L3-4 and L5-S1, and to continue his medications as ordered. The patient had low back and lumbar radicular pain to the leg caused by lumbar spinal stenosis. The patient's pain had gotten worse, but no changes were made to the medication regimen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic resonance imaging (MRI) of the thoracic spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: The Physician Reviewer's decision rationale: California MTUS/ACOEM notes unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. The patient is status post lumbar fusion. However, the documentation submitted did not provide evidence of specific nerve compromise on neurologic examination related to the thoracic spine. The request for thoracic spine is non-certified.

Electromyogram/nerve conduction studies (EMG/NCS) of an specified body part: 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 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 177-179 and 303-305.

Decision rationale: The Physician Reviewer's decision rationale: CA MTUS/ACOEM states EMG/NCV may help to identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks for patients with symptoms related to the cervical spine. CA MTUS/ACOEM states Electromyography (EMG), including H reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. Official Disability Guidelines states that there minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. The submitted documentation revealed the patient had positive straight leg raise bilaterally, restricted range of motion to lumbar spine, and spasms in the lumbar spine left flank area. The patient was having more sciatic pain to right leg than the left, and rating his pain at 10/10. However, the examination did not detail specific neurological deficits on examination to support electrodiagnostic studies and the request as submitted did not detail the area of the body the testing was to be performed on. The request for electromyogram/nerve conduction studies to unspecified body parts is non-certified.