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| Case Number: | CM13-0024113 | | |
| Date Assigned: | 11/20/2013 | Date of Injury: | 01/08/2001 |
| Decision Date: | 01/29/2014 | UR Denial Date: | 09/11/2013 |
| 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 and 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.

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 who reported an injury on 01/08/2001. The patient is currently diagnosed with dysthymic disorder, myalgia, lumbar radiculitis, lumbar degenerative disc disease, and chronic pain syndrome. The patient was recently seen by [REDACTED] on 09/11/2013. The patient reported 5-6/10 pain with a burning sensation and right lower extremity numbness. Physical examination revealed no acute distress, 5/5 bilateral lower extremities strength, 5+ deep tendon reflexes, intact sensation, tenderness over the lumbar paraspinals, diminished range of motion, and positive straight leg raise. Treatment recommendations included continuation of current medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management consultation for epidural steroid injection, lumbar spine: 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): 88-92. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Office Visit.

Decision rationale: California MTUS/ACOEM Practice Guidelines state 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 agreement to a treatment

plan. As per the clinical notes submitted, the patient has previously undergone epidural steroid injection without benefit. In addition, electrodiagnostic studies have been requested and should be reviewed prior to consideration of a specialty consultation. The medical necessity has not been established. As such, the request is non-certified.

NCV left lower extremity:

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Nerve Conduction Study.

Decision rationale: California MTUS/ACOEM Practice Guidelines state electromyography, including H-reflex test, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. Official Disability Guidelines state nerve conduction studies are not recommended as there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. There are no exceptional factors noted in the documentation submitted to consider this request as an outlier to the guidelines. The latest physical examination revealed intact sensation with 1+ deep tendon reflexes and only tenderness to palpation with diminished range of motion. The patient has maintained a diagnosis of radiculopathy. The medical necessity for the requested NCV study has not been established. Therefore, the request is non-certified.

NCV right lower extremity: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Nerve Conduction Study.

Decision rationale: California MTUS/ACOEM Practice Guidelines state electromyography, including H-reflex test, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. Official Disability Guidelines state nerve conduction studies are not recommended as there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. There are no exceptional factors noted in the documentation submitted to consider this request as an outlier to the guidelines. The latest physical examination revealed intact sensation with 1+ deep tendon reflexes and only tenderness to palpation with diminished range of motion. The patient has maintained a diagnosis of radiculopathy. The medical necessity for the requested NCV study has not been established. Therefore, the request is non-certified.

X-rays of lumbar spine, 5 views flexion/extension: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Radiography.

Decision rationale: California MTUS/ACOEM Practice Guidelines state lumbar spine x-rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least 6 weeks. As per the clinical notes submitted, the patient underwent an MRI of the lumbar spine recently on 06/03/2013. It is unclear from the documentation submitted for review how this diagnostic study would aid in patient management. The medical necessity of the requested x-rays has not been established. Therefore, the request is non-certified.

Physical therapy, lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

Decision rationale: California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Guidelines for fading of treatment frequency, plus active, self-directed home physical medicine. Treatment for radiculitis includes 8 to 10 visits over 4 weeks. As there has been no significant change in the patient's clinical presentation, the current request cannot be determined as medically appropriate. There is no indication of a significant musculoskeletal or neurological deficit that would respond to skilled physical medicine treatment as opposed to a self-directed home exercise program. Based on clinical information received, the request is non-certified.