

Case Number:	CM13-0028945		
Date Assigned:	03/19/2014	Date of Injury:	08/01/2012
Decision Date:	08/04/2014	UR Denial Date:	09/19/2013
Priority:	Standard	Application Received:	09/24/2013

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 Occupational Medicine 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 patient is a 55 year-old male with date of injury 08/01/2012. The medical document associated with the request for authorization, a secondary treating physician's progress report, dated 05/20/2014, lists subjective complaints as left low back pain that extends into the hip and down into the groin and right medial thigh pain that extends into the knee. The patient underwent an MRI on 10/29/2012 which was notable for L1-2 posterior disc protrusion of approximately 4 mm. The central canal was moderately stenotic. At L4-5 there is a right-sided 8 mm disc protrusion/extrusion there is degenerative disc disease causing moderate to severe bilateral foraminal stenosis, greatest on the left. The patient has had three epidural steroid injections to date, but claims they have not provided him prolonged benefit. The objective findings included an examination of the lumbar spine revealed significant pain and tenderness to palpation, muscle spasm and guarding. The patient ambulates with the necessity of a cane. The patient's diagnoses included lumbar degenerative disc disease, lumbar radiculopathy, right knee internal derangement, left hip trochanteric bursitis, left hip degenerative joint disease.

IMR ISSUES, DECISIONS AND RATIONALES

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

OPHTHALMOLOGY CONSULT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, Independent Medical Examinations and Consultations, Page 132.

Decision rationale: According to the MTUS, a referral request should specify the concerns to be addressed in the independent or expert assessment, including the relevant medical and non-medical issues, diagnosis, causal relationship, prognosis, temporary or permanent impairment, workability, clinical management, and treatment options. There is very little documentation in the medical record as to why the consultation is required; particularly because of the eyes are not accepted body parts in the claim. Therefore the request is not medically necessary.

EMG OF THE BILATERAL LOWER EXTREMITIES: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

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

Decision rationale: The ACOEM Guidelines state that 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. The patient's history, physical exam, and lumbar MRI suggest several lumbar roots may be involved with the patient's leg complaints. The MRI shows a right-sided bulging disc at L1-2 which corresponds with the patient's history of right thigh pain. The foraminal stenosis in the lower levels of lumbar spine may be responsible for symptoms below the knee. This is precisely the situation that EMG may be useful to identify focal neurologic dysfunction. Therefore the request is medically necessary.

NCV BILATERAL LOWER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Nerve conduction studies (NCS).

Decision rationale: According to the Official Disability Guidelines, nerve conduction studies are not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy. Therefore the request is not medically necessary.