

Case Number:	CM13-0038188		
Date Assigned:	12/18/2013	Date of Injury:	12/30/2002
Decision Date:	03/04/2014	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	09/27/2013

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, has a subspecialty in Pain Management 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:

This is a male patient with a date of injury of December 30, 2002. A utilization review determination dated September 9, 2013 recommends noncertification for HELP program, noncertification for EMG/NCS of the left lower extremity, noncertification for naproxen, noncertification for tramadol, and certification for MRI, follow-up visit, and lumbar x-ray. A note dated August 15, 2013 indicates that the patient may return to modified work with sedentary work with limited lifting. A progress report dated August 15, 2013 identifies subjective complaints of lumbar spine and bilateral lower extremity pain. The pain is been much worse over the last several weeks and is rated as 7/10 on the pain scale. Physical examination identifies the patient walking with an antalgic gait with a cane and tenderness to percussion in the lumbar spine. The patient has positive bilateral sciatic nerve stretch test. Diagnoses include status post lumbar spine fusion in 2009, chronic lumbago with a current exacerbation, lumbar spine radiculopathy, and bilateral lower extremity paresthesias. The note recommends authorization for the HELP program, x-rays and MRI, updated nerve conduction velocity EMG of the left lower extremity as, "the patient is extremely weak and left lower extremity with pain, numbness, and tingling is radiating all the way down to the toes. The patient's function is deteriorating." Medications include naproxen, omeprazole, and tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

HELP multidisciplinary pain program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration and Multidisciplinary Programs Page(s): 30-34 and 49.

Decision rationale: Regarding the request for HELP program, California MTUS supports chronic pain programs/functional restoration programs when: Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; The patient has a significant loss of ability to function independently resulting from the chronic pain; The patient is not a candidate where surgery or other treatments would clearly be warranted; The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & Negative predictors of success above have been addressed. Within the documentation available for review, it does not appear that there is an absence of other options likely to result in significant clinical improvement. In fact, the requesting physician has requested multiple diagnostic studies which would imply that further treatment or interventions are likely being considered. Additionally, it appears the patient has recently gone back to work. There is no discussion as to how the patient has done with the current return to work. In the absence of clarity regarding those issues, the currently requested HELP program is not medically necessary.

Electromyography (EMG) and nerve conduction velocity (NCV) testing on the left lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 390. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation ODG, Low Back Chapter, Electrodiagnostic Studies

Decision rationale: Regarding the request for EMG of the left lower extremity, Occupational Medicine Practice Guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic exam are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery. When the neurologic examination is less clear however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. They go on to state that electromyography may be useful to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting more than 3 to 4 weeks. ODG states that nerve conduction studies are not recommended for back conditions. They go on to state that there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Within the documentation available for review, there is no recent thorough neurological examination of the patient's lower extremities. Additionally, it is unclear when the patient's last EMG/nerve conduction study was performed. Furthermore, there is no statement indicating how the patient's symptoms and objective findings have changed since the time of the most recent

EMG/nerve conduction study. Finally, it is unclear how the currently requested EMG/nerve conduction study will change the current treatment plan. In the absence of clarity regarding his issues, the currently requested EMG of the left lower extremity is not medically necessary.