

Case Number:	CM13-0038984		
Date Assigned:	12/18/2013	Date of Injury:	06/26/2009
Decision Date:	02/13/2014	UR Denial Date:	09/04/2013
Priority:	Standard	Application Received:	10/03/2013

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 Orthopedic Surgery, 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 claimant is a 53-year-old female who sustained an injury to the low back in a work related accident on June 26, 2008. Clinical records for review included a prior MRI of the lumbar spine from November 5, 2010 showing disc bulging at L5-S1 with a bulky appearance of the myometrium. Further findings were not noted. Whole body bone scan for review from December 2, 2013 was normal. A previous orthopedic assessment of August 27, 2013 by [REDACTED] documented ongoing complaints of right leg pain and pain into the ankles noting "nothing has helped". The physical exam showed restricted range of motion of the lumbar spine with diminished sensation in the L5 and S1 dermatomal distributions. The claimant was diagnosed with chronic regional pain syndrome and a right ankle sprain. Recommendations were for electrodiagnostic studies to the bilateral lower extremities and NIPP stimulator for pain relief as well as request for an Magnetic resonance imaging (MRI) scan of the lumbar spine for further assessment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography of bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. 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 Official Disability Guidelines (ODG).

Decision rationale: Based on the California American College of Occupational and Environmental Medicine (ACOEM) 2004 Guidelines, request for electrodiagnostic studies of the lower extremities cannot be supported. Clinical records fail to demonstrate recent conservative measures that have been utilized in regards to the lower extremity complaints for both the ankle as well as for diagnosis of chronic regional pain syndrome. The claimant's current clinical picture does not support an acute process of radiculopathy for which further diagnostic testing including electrodiagnostic evaluation would be indicated. The specific request in this case would not be supported.

NIPP stimulator for the low back: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Based on California Medical Treatment Utilization Schedule (MTUS) Guidelines, the role of an NIPP Stimulator to the low back would not be indicated. Research review indicates that the NIPP Stimulator is a microchip device form of acupuncture to corresponding points that is transmitted through stimulating needle. The current clinical records do not indicate the role for the use of acupuncture given the claimant's current diagnosis and lack of documentation of supported benefit from previous forms of conservative measures. The specific request in this case would not be indicated

Magnetic resonance imaging of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. 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.,Acupuncture Treatment Guidelines.

Decision rationale: Based on California American College of Occupational and Environmental Medicine (ACOEM) Guidelines, magnetic resonance imaging (MRI) of the lumbar spine would not be indicated. The claimant has a current diagnosis of chronic regional pain syndrome with no documented physical examination findings of an acute lumbar radicular process that would justify or indicate the need for further imaging in the form of an MRI of the lumbar spine. Prior magnetic resonance imaging (MRI) of the lumbar spine is available for review. As stated, in the absence of documented change in physical examination findings, this specific request would not be indicated.