MAXIMUS Federal Services

Case Number:	CM13-0039975		
Date Assigned:	12/20/2013	Date of Injury:	12/16/2002
Decision Date:	06/09/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	10/07/2013

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 Physical Medicine and Rehabilitation has a subspecialty in Interventional Spine 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:

Patient is a 58 years old with the date of injury 12/16/2002. Per progress report of [redacted] dated 11/11/2013, patient complained of thoracic and lumbar pain accompanied with tingling and numbness of the right leg which is progressively getting worse. Per the same report, diagnoses include: 1. Thoracic Spine Strain (847.1) 2. S/P Lumbar Spine Surgery x2 (dates unknown) 3. Lumbar Spine Disc Bulge/Extrusion (722.10) Examination findings note tenderness of the lumbar spine, diminished light touch sensation of right mid-anterior thigh, right mid-lateral calf, and right lateral ankle. The report also notes no change in ADL. EMG performed on 11/12/2013 was positive for mild chronic L5 radiculopathy on the right. No imaging studies were available for this review. The utilization review denied this request on 12/30/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE (LUMBAR & THORACIC SPINES AND WRISTS) # 6: Overturned

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request is for 6 sessions of acupuncture for thoracic and lumbar pain complaint with prior treatment history of acupuncture unknown. According to MTUS Acupuncture Medical Treatment Guideline, acupuncture can be used for low back complaints with initial trial of 3-6 treatment with extension upon documented functional improvement. In order to establish medical necessity, past history of acupuncture treatments and outcome are necessary. In this case, despite review of all of the reports provided, there was no discussion of prior acupuncture treatments. Utilization review letter did not reference any prior acupuncture history. A trial of 6 sessions of acupuncture would appear reasonable and consistent with MTUS. Recommendation is for authorization.

PAIN MEDICINE FOLLOW UP VISITS # 1: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS 2009 ACOEM PRACTICE GUIDELINES 2ND EDITION, CHAPTER 7, PAGE 127, 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, PAGE(S) 127, INDEPENDENT MEDICAL EXAMINATIONS AND CONSULTATIONS.

Decision rationale: The request is for pain medicine follow-up visit. According to the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Primary treating physician (PTP) may request consultation to aid in the diagnosis, prognosis, and therapeutic management, determination of the medical stability, and permanent residual loss and/or the examinee's fitness for return to work. The prior determination of denial was due to absence of information regarding prescribed pain medication and July 2013 report from the pain specialist. Attached with this request were progress notes from pain specialist as well as results of urine drug testing confirming usage of prescribed medications Hydrocodone and Pregabalin which satisfies the requirement. The recommendation is for certification.

EMG RIGHT LOWER EXTREMITY # 1: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS 2009 ACOEM PRACTICE GUIDELINES, PAGES 62-63, NEEDLE EMG; WORK LOSS DATA INSTITUTE, ODG GUIDELINES - LOW BACK, LUMBAR AND THORACIC (ACUTE AND CHRONIC), (UPDATED 5/10/13), EMG.

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

Decision rationale: This patient presents with chronic low back pain with history of two lumbar surgeries in the past. The dates of the surgeries are not provided in the reports. The request is for EMG study of right lower extremity. ACOEM guidelines page 303 supports EMG and H-

reflex to determine subtle, focal neurologic deficits for low back pain. According to the ODG guideline regarding EMG "... are not necessary if radiculopathy is already clinically obvious." In this patient, the review of the reports does not reveal a recent or prior EMG studies following the patient's lumbar surgery. Given the patient's persistent low back and leg symptoms, an EMG along with H-reflex studies are supported by ACOEM and ODG guidelines. Recommendation is for authorization.