

Case Number:	CM13-0040432		
Date Assigned:	12/20/2013	Date of Injury:	04/29/2013
Decision Date:	02/19/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	10/29/2013

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 Anesthesiology, has a subspecialty in Pain 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 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 patient is a 42-year-old male who reported an injury on 04/29/2013. The mechanism of injury was stated to be the patient had a slip and fall on a wet floor. The patient was noted to have complaints of neck pain with headaches and associated numbness, tingling, and pain radiating into the right upper extremity. Additionally, the patient was noted to have low back pain with numbness and tingling radiating into the bilateral lower extremities. Furthermore, the patient was noted to have deep tendon reflexes at C5, C6, and C7 that were decreased to 1+/2+ bilaterally, decreased range of motion of the cervical spine and lumbar spine. The patient's diagnoses were noted to include bilateral upper extremity radiculopathy and myelopathy, lumbar strain, L5-S1 radiculopathy, and rule out lumbar IVD displacement without myelopathy. The request was made for an MRI of the lumbar spine, an EMG/NCV of bilateral lower extremities, an interferential unit, and a hot/cold unit for the lumbar spine, as well as a pain management consultation and a neurosurgery consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the lumbar spine: Upheld

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

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 Chapter, MRI.

Decision rationale: The Official Disability Guidelines recommend a repeat MRI for a patient with a significant change in symptoms and/or findings suggestive of a significant pathology. The clinical documentation submitted for review indicated the patient had a prior MRI on 06/24/2013. The official report was not provided. The patient was noted to have muscle strength of 5/5 in the bilateral lower extremities with the exception of plantar and dorsiflexion which was decreased to 4+/5 on the right and 4/5 on the left. There was noted to be L5-S1 nerve distribution on the left via Wartenberg pinwheel examination. The patient was noted to have decreased range of motion and was noted to have palpation of the sciatic notches that elicited radicular symptoms. The patient was noted to have a positive straight leg raise on the bilaterally at 20 degrees on the right in the seated position. Per the physician's documentation, the MRI was requested to correlate the patient's clinical presentation with objective findings. However, there was a lack of documentation indicating the patient had a significant change in symptoms and/or findings suggestive of a significant pathology to support the rationale for the repeat MRI. Given the above, the request for an MRI of the lumbar spine is not medically necessary.

EMG of the bilateral lower extremities: Overturned

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 rationale: ACOEM states 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 clinical documentation submitted for review indicated the patient's deep tendon reflexes at the patella L4 were increased to 3+/2 bilaterally. The Achilles tendon reflexes were noted to be 1+/2 on the right and 0/2+ on the left. The muscle strength testing of bilateral lower extremities was noted to be 5/5 in all lower extremity muscle groups with the exception of plantar and dorsiflexion which were noted to be decreased to 4+/5 on the right and 4/5 on the left. There was nerve distribution on the left at the L5-S1 via Wartenberg pinwheel examination. The patient was noted to have a positive straight leg raise at 20 degrees bilaterally in the seated position. The patient was noted to have palpation of both sciatic notches that elicited radicular symptoms in the corresponding extremity. Given the above and the documentation of objective findings upon examination, the request for an EMG of the bilateral lower extremities is medically necessary.

NCV of the bilateral lower extremities: Upheld

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

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 Chapter, Nerve conduction studies (NCS).

Decision rationale: The Official Disability Guidelines do not recommend NCS as there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. The clinical documentation submitted for review indicated the patient had signs and symptoms of radiculopathy. There was a lack of documentation of rationale indicating the necessity for a nerve conduction study as the patient's findings were noted to be radicular in component. Additionally, per the physician's documentation, the request was made for the EMG/NCV studies to ascertain the source of the bilateral lower extremity radiculopathy. Given the above, the request for an NCV of the bilateral lower extremities is not medically necessary.

Inferential 4000 unit for 6 months: 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 Chronic Pain Medical Treatment Guidelines, Section Interferential Current Stimulation (ICS) Page.

Decision rationale: The California MTUS Guidelines do not recommend interferential current stimulation as an isolated intervention. There is a lack of documentation for the rationale for the use of this product and for the duration of 6 months. Additionally, there is a lack of documentation indicating the patient would be using it as an adjunct to other therapies. Given the above, along with the submitted documentation, the request for Interferential 4000 unit for 6 months is not medically necessary.

Hot/cold unit for the 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 12 Low Back Complaints Page(s): 298.

Decision rationale: ACOEM Guidelines indicate that the "at home local application should be cold in the first few days of an acute complaint; thereafter, the patient should use the application of hot and cold." There was a lack of documentation to support the necessity for a hot and cold unit for the lumbar spine versus the use of hot and cold packs. Per the submitted request, there was a lack of documentation indicating whether the request was for rental or purchase. Given the above, and the lack of documentation, the request for Hot/cold unit for the lumbar spine is not medically necessary.

Pain management consultation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 115, 300.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Pain Consult Page(s): 78.

Decision rationale: California MTUS recommends the consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months. The clinical documentation submitted for review failed to provide documentation of the rationale for the requested consultation for a pain management specialist. Given the above, the request for a Pain management consultation is not medically necessary.

Neurosurgery consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 6, pg. 112

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306.

Decision rationale: ACOEM Guidelines indicate that the need for a surgical consultation is for patients who have "severe and disabling lower leg symptoms with accompanying objective signs of neural compromise, abnormalities on imaging studies as well as activity limitations due to radiating leg pain or extreme progression of lower leg symptoms, clear clinical, imaging, and electrophysiological evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair, and there should be failure to conservative treatment to resolve the disabling radicular symptoms." The clinical documentation submitted for review failed to meet the above criteria and there was a lack of the official MRI report from 06/2013 and lack of documentation of the failure of conservative treatment to resolve disabling radicular symptoms. Given the above, the request for a Neurosurgery consultation is not medically necessary.