MAXIMUS Federal Services

Case Number:	CM13-0040873		
Date Assigned:	04/16/2014	Date of Injury:	09/01/2012
Decision Date:	08/04/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	10/29/2013

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 51-year-old male who has submitted a claim for lumbar stenosis, hip enthesopathy, and diabetes associated with an industrial injury date of 09/01/2012.Medical records from 2012 to 2014 were reviewed. Patient complained of low back pain radiating to right lower extremity, described as aching, cramping, numbing, and stabbing sensation graded 6/10 in severity. Aggravating factors included prolonged sitting, standing, and walking. Patient likewise experienced sleeping difficulty, anxiety, and depression. Physical examination revealed restricted range of motion of the lumbar spine, and weak extensor hallucis longus at the right, graded 4/5. Reflex was 1+ at the knee, and 1-2+ at the ankle (laterality unspecified). Sensory exam was decreased at right lateral foot. Patient had difficulty performing heel-walk and toe-walk on the right.MRI of the lumbar spine, dated 12/06/2012, revealed multilevel degenerative changes most pronounced at L4-L5, and L5-S1 where disc bulging, facet arthropathy and ligamentum flavum were present. Severe stenosis of the spinal canal was present at L4-L5 with lateral recess stenosis and variable degrees of neural foraminal encroachment at both levels.Treatment to date has included lumbar epidural steroid injections, home exercise program, physical therapy, and medications such as Naproxen, Gabapentin, Tylenol with Codeine, and Diclofenac.Utilization review from 10/10/2013 denied the request for neurology consult because patient was already seen by both neurosurgeon and physiatrist. The request for EMG of BLE (Bilateral Lower Extremity) was likewise denied because of no compelling indication for such.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurology consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Regarding Consultation.

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 127.

Decision rationale: As stated on page 127 of the California MTUS ACOEM Independent Medical Examinations and Consultations Chapter, occupational health practitioners may refer to other specialists if the diagnosis is uncertain, or when psychosocial factors are present. In this case, this patient's manifestations are consistent with lumbar radiculopathy, corroborated by MRI findings of multi-level stenosis and neural encroachment. However, the patient was already seen by a neurosurgeon on 6/10/13 and recommended initial conservative care. Of note, the patient requested for another specialist on 8/20/2013; but there was no indication as to why the patient would want to be seen by another specialist. There is no evidence that diagnostic and therapeutic management were exhausted within the treating provider's scope of practice. Therefore, the request for neurology consultation is not medically necessary.

EMG (Electromyography) of the bilateral lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Electromyography (EMG).

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

Decision rationale: According to page 303 of CA MTUS ACOEM Low Back Chapter, the guidelines support the use of electromyography (EMG) to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. In this case, patient complained of low back pain radiating to right lower extremity, described as numbing, and stabbing sensation. Physical examination revealed restricted range of motion of the lumbar spine, weak extensor hallucis longus at the right, hyporeflexia, and diminished sensation at right lateral foot. The medical necessity for EMG at the right lower extremity has been established due to presence of focal neurologic deficit. However, it is unclear why bilateral studies are requested. Left lower extremity findings are unremarkable. In addition, there is no evidence that right lower extremity findings have persisted despite an appropriate course of conservative care. Therefore, the request for electromyography (EMG) of bilateral lower extremities is not medically necessary.