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| Case Number: | CM13-0042590 | | |
| Date Assigned: | 12/27/2013 | Date of Injury: | 06/04/2013 |
| Decision Date: | 03/10/2014 | UR Denial Date: | 10/10/2013 |
| Priority: | Standard | Application Received: | 10/30/2013 |

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 Hand Surgery, and is licensed to practice in Texas. 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 28-year-old male who reported an injury on 06/04/2013 after he was handling store materials, which reportedly caused an injury to his low back. Previous treatments have included medications, physical therapy, chiropractic therapy, injections, and extracorporeal shockwave therapy. The patient's most recent evaluation of the lumbar spine revealed tenderness to palpation along the paralumbar musculature with a positive right sided straight leg raising test and diminished sensation over the L4, L5, and S1 dermatomes. The patient's diagnoses included lumbar sprain/strain, lumbar spine IVD syndrome, and lumbar radiculopathy. The patient's treatment plan included a referral for pain management, a Functional Capacity Evaluation, electrodiagnostic studies, chiropractic treatment, acupuncture treatment, and a TENS unit.

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: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints Page(s): 337. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chapter 12 Page(s): 303-305.

Decision rationale: The requested MRI of the lumbar spine is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends an imaging study for patients that failed to respond to 6 weeks of conservative treatment and have objective findings of nerve compromise that are surgical candidates. The clinical documentation submitted for review provides an evaluation from 06/24/2013 that does indicate that the patient has objective findings of nerve compromise. However, the submitted documentation also includes evidence that the patient has received several modalities of conservative treatment. There was no assessment after these treatments were provided to the patient to support the efficacy of those treatments. Additionally, there was no recent evaluation to support that the patient continues to have nerve compromise that would require an additional imaging evaluation. As such, the requested MRI of the lumbar spine is not medically necessary or appropriate.

The request for pain fiber nerve conduction studies (PF-NCS): 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 12
Page(s): 303-305.

Decision rationale: The requested pain fiber nerve conduction studies (PF-NCS) is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends electrodiagnostic studies when neurological examination of the patient does not clearly identify radicular symptoms. The patient's most recent clinical evaluation on 06/24/2013 does reveal that the patient has radicular symptoms. However, the submitted documentation does identify that the patient has had a period of conservative treatment. There is no documentation evaluating the patient's response to this treatment. Therefore, the need for additional diagnostic testing cannot be determined. As such, the requested pain fiber nerve conduction studies (PF-NCS) is not medically necessary or appropriate.

The request for electromyography bilateral upper extremities (EMG) Electromyography (BLE): 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 12
Page(s): 303-305.

Decision rationale: The requested electromyography bilateral upper extremities (EMG-BLE) is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends electrodiagnostic studies when neurological examination of the patient does not clearly identify radicular symptoms. The patient's most recent clinical evaluation on 06/24/2013 does reveal that the patient has radicular symptoms. However, the submitted documentation does identify that the patient has had a period of conservative

treatment. There is no documentation evaluating the patient's response to this treatment. Therefore, the need for additional diagnostic testing cannot be determined. As such, the requested electromyography bilateral upper extremities (EMG-BLE) is not medically necessary or appropriate.

The request for nerve conduction velocity bilateral upper extremities (Nerve Conduction Velocity Test (NCV) (BLE): Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 303-305.

Decision rationale: The requested nerve conduction velocity bilateral upper extremities (NCV BLE) is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends electrodiagnostic studies when neurological examination of the patient does not clearly identify radicular symptoms. The patient's most recent clinical evaluation on 06/24/2013 does reveal that the patient has radicular symptoms. However, the submitted documentation does identify that the patient has had a period of conservative treatment. There is no documentation evaluating the patient's response to this treatment. Therefore, the need for additional diagnostic testing cannot be determined. As such, the requested nerve conduction velocity bilateral upper extremities (NCV BLE) is not medically necessary or appropriate.