

Case Number:	CM13-0042650		
Date Assigned:	12/27/2013	Date of Injury:	05/04/2010
Decision Date:	03/12/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	10/31/2013

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 Pain Management 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 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 43-year-old female with date of injury on 05/04/2010. The progress report dated 11/11/2013 by [REDACTED] indicates the patient's diagnoses include: 1. Multilevel lumbar disk herniation and stenosis status post posterior fusion and anterior fusion. 2. Left lower extremity radicular pain with S1 radiculopathy and weakness. 3. Chronic left ankle sprain. 4. Chronic cervical sprain. 5. Urinary and fecal incontinence. The patient continues with significant low back pain. She was unable to tolerate physical therapy; therefore, aqua therapy for the lumbar spine was recommended. The patient was to continue ambulating with a front-wheeled walker. Exam findings on lumbar spine revealed marked tenderness to palpation over the bilateral lumbar paraspinal muscles. Range of motion was severely limited. Bilateral sitting straight leg raise test was positive for both lower extremities. The patient ambulates with an antalgic gait pattern using a front-wheeled walker. A request has been made for EMG/NCV of the bilateral lower extremities as well as spine surgery consult and pain management consult and a lumbar brace. These requests were denied by utilization review letter dated 10/23/2013. The Final Determination was based on decisions for the disputed items/services set forth below:

IMR ISSUES, DECISIONS AND RATIONALES

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

Consult for Neuro Spine Surgeon for Lumbar Spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 127.

Decision rationale: The patient continues to present with severe pain in the lumbar spine radiating into both lower extremities. It was noted that the patient was unable to tolerate physical therapy. Therefore, aqua therapy for lumbar spine was recommended. MRI of the lumbar spine dated 01/09/2013 showed:

Pain Management Consult for Detoxification: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 127.

Decision rationale: The patient continues to present with severe low back pain with radiating symptoms into the lower extremities. The 11/11/2013 progress report by [REDACTED] indicates the patient was no longer able to tolerate hydrocodone secondary to the vomiting. Therefore, the patient was started on Tylenol No. 3 for pain control, as well as Flexeril for muscle spasms of the lumbar spine and Prilosec for GI prophylaxis against all the medications. ACOEM Guidelines page 127 states that the occupational health practitioner may refer to other specialists if the diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. The patient appears to continue with chronic pain and requires narcotic medication for pain control. It appears reasonable that this patient would need additional expertise through a pain management consultation. Therefore, authorization is recommended.

EMG/NC S BLE: Overturned

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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG-TWC

Decision rationale: The patient continues to present with severe low back pain with radiating symptoms into the bilateral lower extremities. The patient has positive straight leg raise bilaterally in a seated position. ACOEM Guidelines page 303 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 3 or 4 weeks. ODG Guidelines regarding nerve conduction studies state that they are not recommended. There is minimal justification performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. This patient has exam findings that would indicate clinically obvious radicular symptoms in the bilateral lower extremities. ODG further states that EMGs are not necessary if radiculopathy is already clinically obvious. The patient has also undergone lumbar MRI in 2013. It does not appear the patient has had prior EMG/NCS studies.

Lumbar Brace: 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): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG-TWC guidelines

Decision rationale: The patient continues with severe low back pain radiating into the bilateral lower extremities. The patient has difficulty ambulating with an antalgic gait and uses a walker. ACOEM Guidelines page 301 states that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. ODG Guidelines were also reviewed which did not recommend lumbar supports for prevention and are under study for treatment. ODG further states that there is strong and consistent evidence that lumbar supports were not effective in preventing neck and back pain. ODG further states that bracing is an option for treatment and recommended for instability, fracture, and spondylolisthesis problems and sometimes for non-specific low back pain. For non-specific low back pain, there was a very-low quality evidence. In this patient, the patient is not in the post-operative time frame. For treatments, the patient does not present with fracture, dislocation, spondylolisthesis with instability to warrant a lumbar bracing. Recommendation is for denial.