

Case Number:	CM13-0048231		
Date Assigned:	12/27/2013	Date of Injury:	03/21/2007
Decision Date:	03/06/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/05/2013

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 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 36-year-old male who reported an injury on 03/21/2007. The patient is currently diagnosed with L4-5 and L5-S1 traumatic disc injury with left lower extremity radiculopathy, thoracolumbar rib fracture, and possible thoracic compression injury, bilateral hernia repairs with persistent groin and testicular pain, posttraumatic stress disorder with continued depression, anoxic brain injury, post concussion headaches, plantar fasciitis, and multiple medical issues secondary to thoracolumbar crush injury. The patient was seen by the provider on 09/30/2013. The patient reported ongoing 8-9/10 low back pain with significant left lower extremity weakness. Physical examination revealed bruising around the left leg, decreased strength, diminished sensation, diminished left knee bending, and a slow gait. The treatment recommendations included 5 view flexion/ extension of the lumbar spine, EMG/NCV (electromyogram/ Nerve Conduction Velocity) of the bilateral upper and lower extremities, thoracic spine consultation, MRI (magnetic resonance imaging) of the thoracic spine, whole body nuclear bone scan, cervical spine consultation, EEG (electroencephalography), neurology consultation, and general surgeon consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 General Surgeon Consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hernia (acute & chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment plan. As per the clinical documentation submitted for review, the patient has undergone hernia repair surgery in 2010. The patient was sent by his primary treating physician for a general surgical consultation which took place on 09/20/2013. The medical necessity for an additional general surgical consultation has not been established. Based on the clinical information received, the request is non-certified.

1 Series of Flexion/extension x-rays of the Lumbar Spine (5 views): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back (acute & chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state lumbar spine x-rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least 6 weeks. As per the documentation submitted for review, the patient has undergone a recent MRI (Magnetic resonance imaging) of the lumbar spine on 01/02/2013. There is no documentation of a failure to respond to recent conservative treatment. There is also no evidence of symptomatic spondylolisthesis. Based on the clinical information received, the medical necessity for the requested x-ray films has not been established. Therefore, the request is non-certified.

1 EMG/NCV of the upper and lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Neck & Upper Back Chapter, Electrodiagnostic Testing.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state electromyography, 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. As per the documentation submitted

for review, the patient does report persistent lower back pain with left lower extremity weakness and numbness. Physical examination does reveal diminished sensation. While an EMG/NCV (electromyogram/ Nerve Conduction Velocity) study of the lower extremities may be warranted, there is no indication of a neurologic deficit in the upper extremities that requires electrodiagnostic testing. Therefore, the current request is not medically appropriate. As such, the request is non-certified.

1 Consultation of the Thoracic spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 171, 180.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment plan. As per the documentation submitted for review, the patient was referred to the requesting physician for evaluation of the thoracolumbar complaints. Physical examination does reveal decreased sensation. The patient has been diagnosed with a thoracolumbar rib fracture and possible thoracic compression injury with left thoracic pain and numbness. Based on the clinical information received, the medical necessity for a separate thoracic spine consultation has not been established. Therefore, the request is non-certified.

1 Whole body nuclear bone scan: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back (acute & chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation and Official Disability Guidelines (ODG) Low Back Chapter, Bone Scan.

Decision rationale: The Official Disability Guidelines (ODG) state bone scan is not recommended, except for bone infection, cancer, or arthritis. The patient does not maintain a diagnosis of bone infection, cancer, or arthritis. Therefore, the patient does not meet criteria for a whole body bone scan. As such, the request is non-certified.

1 Consultation of the Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 166.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment plan. As per the documentation submitted for review, there is no indication of a significant musculoskeletal or neurological deficit with regard to the cervical spine. Therefore, the medical necessity for the requested consultation has not been established. As such, the request is non-certified.