MAXIMUS Federal Services

Case Number:	CM13-0051012		
Date Assigned:	12/27/2013	Date of Injury:	07/24/2003
Decision Date:	04/30/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	11/13/2013

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 Physical Medicine & Rehabilitation 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 67-year-old male who reported an injury on 07/24/2003. The mechanism of injury was not provided. The documentation of 11/02/2012 revealed the patient had a fallen arch, a flatfoot, and neuroma. The documentation of 09/11/2013 revealed the patient had complaints of persistent pain in the low back radiating to the lower extremities with numbness and tingling and urinary incontinence. It was indicated the patient had left wrist and left ankle and foot pain with swelling and had a series of 3 lumbar epidural steroid injections and was symptomatic. The physical examination revealed the patient had tenderness from the mid to distal lumbar segments and pain with terminal motion. The seated nerve root test was positive. The patient had dysesthesia at the L5 and S1 dermatomes with weakness of the ankle and toes left greater than right. The examination of the left ankle and foot revealed tenderness at the ankle and joint line with minimal swelling. There were well-healed scars and pain with terminal motion and the patient had limited range of motion. The patient walked with a limp favoring the left side. The diagnoses included status post multiple surgeries left wrist, status post right carpal tunnel release, left cubital tunnel syndrome, left lumbar discopathy with radiculitis, and status post left ankle arthroscopic surgery with microfracture and extensive synovectomy. The treatment plan included a new MRI and bilateral lower extremity EMG/NCV as it indicated the patient appeared to be getting worse and the patient's last diagnostic studies were in 2009. The request was made to determine any interval changes. Additionally, the request was made for a lumbar brace and orthotics as well as a left wrist brace and orthopedic shoes, as the patient's shoes were more than 2 years old and were worn out.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG BILATERAL LOWER EXTREMETIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back

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

Decision rationale: The Expert Reviewer's 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 had a prior study. However, the official read was not provided for review. There was a lack of documentation indicating a prior physical examination to support that the patient's condition had changed. The physician opined that the patient's pain appeared to be getting worse and the physician was requested new studies to determine interval changes. Given the above, the request for an EMG bilateral lower extremities is not medically necessary.

NCV BILATERAL LOWER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back

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 Expert Reviewer's decision rationale: 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. There was a lack of documentation indicating a prior physical examination to support that the patient's condition had changed. The physician opined that the patient's pain appeared to be getting worse and the physician was requested new studies to determine interval changes. There was a lack of documentation indicating the necessity for both an EMG and NCS as the patient was diagnosed with radiculopathy. Given the above, the request for NCV bilateral lower extremities is not medically necessary.

LUMBAR BRACE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: ACOEM guidelines indicate that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Additionally, continued use of back braces could lead to deconditioning of the spinal muscles. The clinical documentation submitted for review failed to indicate the patient ha lumbar instability to support the need for a lumbar brace. The request failed to indicate the quantity of lumbar brace being requested. Given the above, the request for LUMBAR BRACE is not medically necessary.

ORTHOTICS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 369-371. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369-371.

Decision rationale: ACOEM Guidelines indicate that rigid orthotics may reduce pain experienced during walking and may reduce more global measures of pain and disability for patients with plantar fasciitis and metatarsalgia. The clinical documentation submitted for review failed to indicate the patient had either 1 of these conditions. The documentation of 11/02/2012 revealed the patient had a fallen arch, a flatfoot, and neuroma. The recent documentation failed to include if the orthotics were beneficial. The submitted request failed to indicate a quantity of orthotics being requested. Given the above, the request for ORTHOTICS is not medically necessary.