

Case Number:	CM13-0055799		
Date Assigned:	12/30/2013	Date of Injury:	11/07/2010
Decision Date:	06/04/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	11/21/2013

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 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 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 progress note indicated ongoing complaints of low back pain with radiation into the bilateral hips. Manual muscle testing was noted to be 4/5 and plain films of the lumbar spine were reviewed. The diagnosis was degenerative disc disease, radiculopathy and a disc protrusion. A request to appeal the bilateral lower extremity letter diagnostic testing is also noted. The note reflects that a two-level lumbar fusion is being suggested. An orthopedic evaluation was completed which noted the treatment to date to included acupuncture, physical therapy and appropriate imaging studies. The pain level was described as 3/10. A slight decrease in lumbar spine range of motion is noted. Degenerative changes were objectified on imaging studies of the lumbar spine. Multiple level minor disc bulges are noted. The request for electrodiagnostic studies was not certified in the preauthorization as the physical examination was noted to be normal. Also reported were minimal degenerative changes noted on MRI. There is no clinical indication to suspect a radiculopathy or a peripheral neuropathy. Several epidural steroid injections have been completed. Significant pain relief is noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV OF THE BILATERAL LOWER EXTREMITIES: Overturned

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

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

Decision rationale: When considering the date of injury, the ongoing complaints of low back pain, the findings of a decreased muscle strength (4/5), the sporadic notation of a sensory loss and with the response to the three separate epidural steroid injections, there appears to be a clinical indication of a verifiable radiculopathy. As such, appropriate letter diagnostic studies would be supported in the literature. The request is medically necessary.

PSYCHOLOGICAL SCREENING: 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 Psychological Testing Page(s): 100.

Decision rationale: There is some support for psychological screening in certain clinical cases. However, when noting the lack of a complete clinical evaluation and the incomplete treatment plan outlined, it would appear this intervention is premature at this time. Therefore, based on limited clinical information presented for review, this request is not medically necessary.