MAXIMUS Federal Services

Case Number:	CM13-0059786		
Date Assigned:	12/30/2013	Date of Injury:	01/20/2006
Decision Date:	04/09/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	12/02/2013

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 Occupational Medicine 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 applicant is a represented [redacted] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of January 20, 2006. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; muscle relaxants; transfer of care to and from various providers in various specialties; and the apparent imposition of permanent work restrictions. In a Utilization Review Report of November 17, 2013, the claims administrator approved a request for six sessions of acupuncture, denied a lumbar MRI, and denied electrodiagnostic testing of lower extremities, denied a request for Neurontin, denied a request for Fexmid, and denied a request for Norco. The applicant's attorney subsequently appealed. On August 10, 2011, the applicant was described as having low back pain with attendant multilevel 2- to 3-mm disk bulges and central canal stenoses at L3 through S1 based on MRI imaging of May 31, 2006. An October 28, 2013 progress note is notable for comments that the applicant reports persistent low back pain radiating to bilateral lower extremities. The applicant is not working with a previous 40% permanent partial disability award. 5-/5 lower extremity strength is noted about the right lower extremity with well-preserved strength about the left lower extremity. Electrodiagnostic testing of lower extremity is sought, along with prescriptions for Neurontin, Fexmid, and Norco. An updated lumbar MRI is also endorsed. In December 16, 2013 appeal letter, the attending provider appealed the denials in question.

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: Overturned

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

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

Decision rationale: The Physician Reviewer's decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, page 303, unequivocal evidence of neurologic compromise is sufficient evidence to warrant imaging studies in those applicants who do not respond to treatment and who would consider a surgical remedy were it offered to them. In this case, the applicant has active signs and symptoms of lumbar radiculopathy, including low back pain radiating to bilateral lower extremities, weakness about the legs, dysesthesias, etc. Obtaining lumbar MRI imaging to clearly delineate the same is indicated and appropriate. Therefore, the original utilization review decision is overturned. The request is certified, on Independent Medical Review.

NCV of the Bilateral Lower Extremities: 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), Lumbar & Thoracic.

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

Decision rationale: The Physician Reviewer's decision rationale: The MTUS does not address the topic of nerve conduction velocity testing of the lower extremities. As noted in the Third Edition ACOEM Guidelines, nerve conduction testing is usually normal in radiculopathy. While nerve conduction studies can rule out other causes of lower limb symptoms such as generalized peripheral neuropathy, peroneal compression neuropathy, etc. In this case, however, there is no clearly voiced suspicion of any of the aforementioned disease processes. The applicant does not appear to carry any systemic disease processes such as diabetes or hypertension which would make a peripheral neuropathy more likely. Therefore, the request remains not certified, on Independent Medical Review.

EMG of the Bilateral Lower Extremities: 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), Lumbar & Thoracic.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, Table 12-8, EMG testing is "not recommended" for a clinically obvious radiculopathy. In this case, the applicant appears to have a clinically evident radiculopathy with low back pain radiating to bilateral lower extremities. MRI imaging to more clearly delineate the same has been certified above, effectively obviating the need for the EMG test in question. Since the diagnosis of radiculopathy is clinically obvious here, EMG testing is not recommended, per ACOEM. Therefore, the request remains not certified, on Independent Medical Review.