

Case Number:	CM13-0072180		
Date Assigned:	01/17/2014	Date of Injury:	02/02/2003
Decision Date:	04/22/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/30/2013

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 Internal Medicine and Emergency Medicine, and is licensed to practice in Florida. 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:

This patient is a 51 year-old with a date of injury of 02/02/03. A progress report associated with the request for services, dated 10/08/13, identified subjective complaints of low back pain into the left leg. Objective findings included tenderness to palpation with a positive straight leg-raising test. There was also tightness in the left hamstring. Diagnoses included lumbar degenerative disease with left radiculopathy "plus or minus some increased spasticity of the left hamstring." Treatment has included Norco for several months. A Utilization Review determination was rendered on 12/03/13 recommending non-certification of "EMG/NCV of the bilateral lower extremities; MRI of the lumbar spine without contrast; Consultation with a pain specialist (lumbar)".

IMR ISSUES, DECISIONS AND RATIONALES

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

CONSULTATION WITH A PAIN SPECIALIST (LUMBAR): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Treatment in Worker's Compensation (TWC) guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions & Treatment Page(s): 11. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Section Low Back, Office Visits

Decision rationale: The Official Disability Guidelines (ODG) indicate that: "The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment." They further note that patient conditions are extremely varied and that a set number of office visits per condition cannot be reasonably established. The MTUS guidelines indicate that there is no set visit frequency. It should be adjusted to the patient's need for evaluation of adverse effects, pain status, and appropriate use of medication, with recommended duration between visits from 1 to 6 months. The original non-certification was based upon the lack of documentation of treatment failure with oral medications. The record does document ongoing symptoms and the longer-term use of oral opioids. Therefore, the record does document the medical necessity for a pain management consultation.

MRI OF THE LUMBAR SPINE WITHOUT CONTRAST: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Treatment in Worker's Compensation (TWC) guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303 and 309.

Decision rationale: The ACOEM Guidelines indicate that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminate imaging will result in false-positive findings, such as disc bulges, that are not the source of painful symptoms and do not warrant surgery. They further note that MRI is recommended when cauda equina, tumor, infection, or fracture is strongly suspected and plain radiographs are negative. In this case, there are not unequivocal findings of nerve compromise or evidence of cauda equina syndrome, tumor, infection, or fracture. Therefore, the medical record does not document the medical necessity for an MRI of the lumbar spine.

EMG/NCV OF THE BILATERAL LOWER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Treatment in Worker's Compensation (TWC) guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303 and 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Section Low Back, Nerve Conduction Study

Decision rationale: The MTUS guidelines indicate that for clinically obvious radiculopathy, electromyography (EMG) is not recommended. They note that an EMG may be indicated when

the neurological exam is less clear before ordering imaging studies. There is no documentation that the physical examination is unclear. The MTUS guidelines do not address nerve conduction studies with low back injury. The Official Disability Guidelines (ODG) indicate that nerve conduction studies are: "... not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy." In this case, the employee exhibits signs and symptoms of a radiculopathy. Also, there were no findings in the right lower extremity. Therefore, the record does not document the medical necessity for a bilateral nerve conduction study and electromyogram.