

Case Number:	CM14-0000614		
Date Assigned:	01/10/2014	Date of Injury:	05/03/2007
Decision Date:	08/04/2014	UR Denial Date:	12/30/2013
Priority:	Standard	Application Received:	01/02/2014

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 and Rehabilitation and is licensed to practice in California and Washington. 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 injured worker is a 44-year-old female with a reported date of injury on 05/03/2007. The mechanism of injury was reported as a fall. The injured worker presented with low back pain and right lower extremity symptoms rated 7-8/10. Upon physical examination, the lumbar spine presented with tenderness to palpation over the right lumbar musculature. In addition, there was noted positive facet loading at L3-4, L4-5, and L5-S1 on the right. In the clinical note dated 12/16/2013, the physician indicated the injured worker's range of motion was decreased in all planes. Extremities were noted to have sensations intact with 5/5 strength bilaterally and negative straight leg raise. An MRI of the lumbar spine dated 07/26/2013 revealed degenerative disc disease and facet arthropathy and L4-5 mild caudal left neural foraminal narrowing. In the clinical note dated 06/04/2013, the injured worker rated her pain at 8-9/10. In the clinical note dated 08/20/2013, the injured worker rated her pain at 5- 6/10. According to the clinical information provided for review, the injured worker has undergone 3 psych evaluations dated 12/19/2010, 06/18/2012, and 01/21/2013. Previous conservative care included chiropractic care and acupuncture which the injured worker stated slightly helped reduce her pain. The injured worker's diagnoses included right sacroilitis, lumbar radiculopathy, and chronic pain syndrome. The injured worker's medication regimen included cyclobenzaprine, omeprazole, hydrocodone, and Flexeril. The request for authorization for an EMG of the bilateral lower extremities, NCS of the bilateral lower extremities, and pain psychology evaluation was submitted on 12/31/2013. The physician indicated that for the injured worker's chronic pain syndrome with associated psychological depression and anxiety; they would highly recommend a request for authorization for a psychiatric consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG of the bilateral lower extremities: Upheld

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): 303-305.

Decision rationale: The California MTUS and ACOEM Guidelines state that electromyography may be useful to identify subtle, focal neurological dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. Unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurological examination is less clear, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. According to the documentation provided for review, the injured worker had a lumbar MRI dated 07/26/2013 revealing dextroscoliosis with degenerative disc disease and facet arthropathy and L4-5 mild caudal left neural foraminal narrowing. In the clinical note dated 06/04/2013, the injured worker rated her pain at 8- 9/10. In addition, the physician indicated the injured worker's range of motion of the lumbar spine was decreased throughout and sensation was intact in her bilateral lower extremities. The physician indicated the injured worker had positive right straight leg raise. In the clinical note dated 08/20/2013, the injured worker rated her pain at 5-6/10. The physician indicated that sensation was intact in bilateral lower extremities with a positive straight leg raise on the right. In the clinical note dated 12/16/2013, the physician indicated the injured worker had decreased range of motion on all planes, and negative bilateral straight leg raise with sensation intact in the lower extremities. Per the ACOEM Guidelines, electromyography (EMG) may be useful to identify subtle, focal neurological dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. The injured worker has previously undergone an MRI. There is a lack of documentation related to increased neurological deficit and/or red flags and change of symptoms. The documentation provided for review indicates the injured worker has had improved symptoms. Therefore, the request for the EMG of the bilateral lower extremities is not medically necessary.

NCS of the bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 60-61.

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, Nerve conduction Studies (NCS).

Decision rationale: The Official Disability Guidelines do not recommend nerve conduction studies. There is minimal justification for performing nerve conduction studies when the patient is presumed to have symptoms on the basis of radiculopathy. The systemic review and meta-

analysis demonstrated that neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation and suspected radiculopathy. In the management of spine trauma with radicular symptoms, EMG/nerve conduction studies (NCS) often have a low combined sensitivity and specificity in confirming root injury, and there is limited evidence to support the use of often uncomfortable and costly EMG/NCS. The clinical information provided for review lacks documentation related to the injured worker's functional deficits to include range of motion values. In addition, the injured worker underwent an MRI on 07/26/2012 which revealed dextroscoliosis with degenerative disc disease and facet arthropathy and L4-5 mild caudal left neural foraminal narrowing. According to the clinical note dated 12/16/2013, the injured worker presented with negative straight leg raise bilaterally. Furthermore, the Official Disability Guidelines do not recommend NCS of the bilateral lower extremities. Therefore, the request for NCS of the bilateral lower extremities is not medically necessary.

Pain psychology evaluation and treatment: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations Page(s): 100-101.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment Page(s): 101.

Decision rationale: The California MTUS Guidelines recommend psychological treatment for appropriately identified injured workers during treatment for chronic pain. Psychological intervention for chronic pain includes setting goals, determining appropriateness of treatment, conceptualizing a patient's pain beliefs and coping skills, assessing psychological and cognitive function and addressing comorbid mood disorders. According to the documentation provided for review the injured worker has undergone three psychological evaluations dated 12/19/2010, 06/18/2012, and 01/21/2013. According to the documentation provided for review the injured worker participates in a pain management clinic. In the clinical note dated 06/04/2013, the injured worker rated her pain at 8/10 and presented with a positive right straight leg raise. In the clinical note dated 08/20/2013, the injured worker rated her pain at 5-6/10 with a positive right straight leg raise. In addition, the injured worker noted that when taking the medications she was able to play with her children and perform her daily activities with less pain. The clinical note dated 12/16/2013, the injured worker presented with negative straight leg raise bilaterally. There is a lack of documentation related to the injured worker's depression or anxiety. According to the documentation, the injured worker is participating in a pain management program. As the injured worker is participating in a pain management clinic and there is a lack of documentation related to the injured worker's depression and anxiety, the request for pain psychology evaluation and treatment is not medically necessary.