

Case Number:	CM14-0004991		
Date Assigned:	01/24/2014	Date of Injury:	01/10/2013
Decision Date:	06/13/2014	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	01/14/2014

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 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 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 38 year old female with chronic low back pain, left lower extremity radiculopathy, disc herniation and bilateral L5-S1 with moderate to severe neuroforaminal narrowing due to an industrial injury on 1/10/13. The patient was made permanent and stationary on 10/24/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

ELECTROMYOGRAPHY (EMG) BILATERAL LOWER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: According to ACOEM and Official Disability Guidelines, EMG may be recommended to identify focal neurologic dysfunction or to obtain unequivocal evidence of radiculopathy. However, the patient already had a lumbar MRI which showed L5-S1 disc protrusion with moderate to severe bilateral neuroforaminal stenosis. The patient was made permanent and stationary on October 24, 2013. Left lower extremity radicular symptoms were noted to be quiescent. On the report of 12/23/14, the patient complains of bilateral radicular pain, which appears to represent an exacerbation. A request is made for EMG; however, there

are no radicular findings on exam noted other than bilateral positive straight leg raise. No rationale is provided for the EMG request. As such, the request is not medically necessary and appropriate.

NERVE CONDUCTION VELOCITY (NCV) BILATERAL LOWER EXTREMITIES:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: According to ODG, nerve conduction studies are not generally recommended for low back conditions. The patient already had a lumbar MRI which showed L5-S1 disc protrusion with moderate to severe bilateral neuroforaminal stenosis. The patient was made permanent and stationary on October 24, 2013. Left lower extremity radicular symptoms were noted to be quiescent. On the report of 12/23/14, the patient complains of bilateral radicular pain, which appears to represent an exacerbation. A request is made for NCS; however, there are no radicular findings on exam noted other than bilateral positive straight leg raise. No rationale is provided for the NCS request. The request is not medically necessary and appropriate.

HOT AND COLD UNIT: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: Cold and heat packs are recommended as an option for acute pain and thereafter as needed by the ACOEM Guidelines. This can be accomplished with conventional packs and wraps. Guidelines do not recommend or suggest additional benefit from the use of mechanical cold and heat units except perhaps in the post-operative phase. Further, no rationale is provided with request. Medical necessity has not been established. The request is not medically necessary and appropriate.

INTERFERENTIAL UNIT: 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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: The MTUS Chronic Pain and Official Disability Guidelines do not generally recommend Interferential Therapy. Further, no specific rationale for this treatment request is provided. No provision is made under the patient's future medical determination for this treatment. Medical necessity has not established. As such, the request is not medically necessary and appropriate.

URINE TOXICOLOGY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, ,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, DRUG TESTING, 43

Decision rationale: The MTUS Chronic Pain Guidelines recommend routine drug testing for patients taking opioids on a chronic basis. However, the patient appears to have only been taking Voltaren and Zantac on 10/24/13. There is no mention of current medications on the 12/23/13 visit. There is no mention of suspicion or history of drug abuse or aberrant behavior. No rationale is provided for the request. As such, the request is not medically necessary and appropriate

X-RAY LUMBER SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: According to ACOEM Guidelines, lumbar x-rays are recommended under certain circumstances in the evaluation of low back pain. However, the patient already had a lumbar x-ray performed in the year prior to the request in addition to a lumbar MRI. The medical records provided for review do not clearly document an aggravation or appearance of a red flag condition by history or examination. No rationale is provided for a repeat lumbar x-ray. As such, the request is not medically necessary and appropriate.