

Case Number:	CM14-0100998		
Date Assigned:	07/30/2014	Date of Injury:	02/18/2012
Decision Date:	09/09/2014	UR Denial Date:	06/02/2014
Priority:	Standard	Application Received:	06/30/2014

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 Nevada. 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 records, presented for review, indicate that this 27 year old male was reportedly injured on February 18, 2012. The mechanism of injury is undisclosed. The most recent progress note, dated April 9, 2014, indicated that there were ongoing complaints of constant low back pain. The physical examination demonstrated a decrease in lumbar spine range of motion. Diagnostic imaging studies objectified disc desiccation and posterior disc herniation. Previous treatment included multiple medications and conservative care. A request was made for narcotic medications and imaging studies and was not certified in the pre-authorization process on June 2, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Onetime narcotic assessment test: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Genetic testing for potential opioid abuse.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Criteria for use of opioids, page 78.

Decision rationale: The records indicate a comprehensive medication review that has recently been completed. With the current physical examination findings, there is no clear clinical indication presented to suggest the need for a narcotic assessment. Therefore, based on the records presented for review, the request is not medically necessary.

Magnetic resonance imaging of the lumbar spine without contrast.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): table 12-8. Decision based on Non-MTUS Citation Official Disability Guidelines Lower Back-Lumbar- Lumbar & Thoracic (acute& chronic).

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

Decision rationale: The records reflect that an MRI of the lumbar spine was recently completed. This study noted multiple level ordinary disease of life degenerative changes and no evidence of any acute pathology. Furthermore, the progress notes do not indicate any escalating symptomatology or other parameters that would necessitate a repeat study as outlined under MTUS ACOEM Practice Guidelines, Chapter 12 Low Back Complaints. Therefore, this is not medically necessary.

EMG (electromyography) of the right lower extremities: 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.

Decision rationale: As outlined in the Medical Treatment Utilization Schedule (MTUS), such studies, must include needle electromyography (EMG), and are only recommended where the CT scan or MRI is equivocal and there are ongoing pain complaints that might suggest a neurological compromise. There are ongoing pain complaints, but there is no data to suggest neurological causation. Therefore, when noting the changes identified on MRI and with the physical examination reported, there is insufficient clinical evidence presented to suggest the need medical necessity of lower extremity electrodiagnostic studies. Therefore the request is not medically necessary.

EMG (electromyography) of the left lower extremities: 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.

Decision rationale: As outlined in the Medical Treatment Utilization Schedule (MTUS), such studies, must include needle electromyography (EMG), and are only recommended where the CT scan or MRI is equivocal and there are ongoing pain complaints that might suggest a

neurological compromise. There are ongoing pain complaints, but there is no data to suggest neurological causation. Therefore, when noting the changes identified on MRI and with the physical examination reported, there is insufficient clinical evidence presented to suggest the need medical necessity of lower extremity electrodiagnostic studies. Therefor the request is not medically necessary.

NCS (nerve conduction study) of the right lower extremity.: 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.

Decision rationale: As outlined in the Medical Treatment Utilization Schedule (MTUS), such studies, must include needle electromyography (EMG), and are only recommended where the CT scan or MRI is equivocal and there are ongoing pain complaints that might suggest a neurological compromise. There are ongoing pain complaints, but there is no data to suggest neurological causation. Therefore, when noting the changes identified on MRI and with the physical examination reported, there is insufficient clinical evidence presented to suggest the need medical necessity of lower extremity electrodiagnostic studies. Therefor the request is not medically necessary.

NCS (nerve conduction study) of the left lower extremity.: 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.

Decision rationale: As outlined in the Medical Treatment Utilization Schedule (MTUS), such studies, must include needle electromyography (EMG), and are only recommended where the CT scan or MRI is equivocal and there are ongoing pain complaints that might suggest a neurological compromise. There are ongoing pain complaints, but there is no data to suggest neurological causation. Therefore, when noting the changes identified on MRI and with the physical examination reported, there is insufficient clinical evidence presented to suggest the need medical necessity of lower extremity electrodiagnostic studies. Therefor the request is not medically necessary.