

Case Number:	CM14-0102047		
Date Assigned:	07/30/2014	Date of Injury:	08/06/2012
Decision Date:	09/03/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/02/2014

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 Internal 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 injured worker is a 63 year old woman who was injured due to an undisclosed mechanism of injury from 8/6/2011 through 8/6/2012. The injured worker was seen on 6/5/2014 and requests were submitted for urology consultation, neurology consultation, sleep study and diagnostic studies (EMG/NCV) of bilateral lower extremities. On 6/5/2014, the injured worker reported increasing pain in the left lower extremity after an epidural steroid injection. She had foot drop on the left. She was reporting urinary incontinence and fecal incontinence along with worsening sleepiness during the daytime. On examination, the injured worker had diminished strength of foot dorsiflexion on the left. The injured worker had diminished sensation along the 4th and 5th toes, as well as decreased reflex along S1 on the right, after receiving an epidural steroid injection at the Lumbar-Sacral level.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urology Consultation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Office visits.

Decision rationale: The injured worker has report of urinary and fecal incontinence. The provider has requested a neurological consultation to rule out myelopathy / radiculopathy after an epidural steroid injection. It appears, although it is not stated, that the provider is concerned about incontinence on a neurological basis. This is considered more likely in the opinion of the reviewer, since there is both a urinary and fecal incontinence. Therefore, consultation with a urologist prior to consultation with a neurologist is not medically appropriate at this time. If it is determined that the patient's incontinence is urological or uro-neurological in nature, a urological consultation can be sought subsequently. As such, the request for urological consultation is not medically necessary.

Sleep Study Consultation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Harrison's Principles of Internal Medicine, 18th Ed.

Decision rationale: The injured has reported excessive daytime sleepiness. Although this is a symptom of sleep apnea and in some parts of the clinical record, the patient is noted to be obese, it is important to perform an objective measure such as an Epworth Sleepiness Scale and if that is abnormal, to proceed with a sleep study. History on snoring, choking and so forth, should be obtained as these symptoms often occur in patients with sleep apnea. Neck diameter should be measured as it is often abnormal in patients with sleep apnea. Since the clinical record contains no information regarding these parameters, the request for sleep study is not medically necessary.

Electromyography (EMG) of the Bilateral Upper Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Diagnostic testing.

Decision rationale: The documentation does not suggest "unequivocal symptoms and signs of radiculopathy" and therefore, is not medically appropriate. It is not justified. The applicable guidelines including ODG and ACOEM / MTUS suggest that patients should have clinical evidence of radiculopathy in the form of sensory, motor and reflex abnormalities along with possible cervical problems that suggest local disk herniation or foraminal narrowing to support the need for imaging or electrophysiology.

Nerve Conduction Velocity (NCV) Test of the Bilateral Upper Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273.

Decision rationale: Nerve conduction testing is typically required in case of unclear symptomatology of neuropathy / radiculopathy, and when determination needs to be made regarding demyelinating versus axonal pathology or neuropathy versus radiculopathy. There is no clinical documentation to suggest clinical confusion between neuropathy and radiculopathy, no clear symptoms of radicular pathology, or signs thereof, and no expressed justification for the need to differentiate axonal versus demyelinating pathology. As such the request for EMG/NCV of the upper extremities is not medically necessary.

Neurology Consultation: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Harrison's Principles of Internal Medicine, 18th edition.

Decision rationale: The concern of the treating physician was for possible root or cord injury due to an epidural steroid injection, although this was implied and not stated as such. The patient has a new onset of weakness of dorsiflexion on the left and foot drop along with muscle reflex loss of the achilles tendon (S1) on the right, with sensory abnormalities. The patient has also reported fecal and urinary incontinence. As such, there is considerable likelihood that the patient may have a root or cord injury due to an epidural steroid injection (ESI). As such, the request for Neurology subspecialist evaluation is appropriate and medically necessary.