

Case Number:	CM14-0010992		
Date Assigned:	02/21/2014	Date of Injury:	02/03/2013
Decision Date:	07/25/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	01/27/2014

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 58-year-old male who has filed a claim for back contusion, and sprain of knee and leg associated with an industrial injury date of February 03, 2013. Review of progress notes indicates increasing low back pain radiating into the right hip and leg, associated with numbness, tingling, and weakness of the right big toe. There is right hip pain with clicking and popping, and clicking of the right knee with inability to climb stairs as the knee gives way. The pain disturbs the patient's sleep. Findings include very lax right knee with positive anterior drawer's sign, and tenderness of the lumbar region with painful range of motion. Lumbar MRI dated May 31, 2013 showed narrowing of the L1-2 disc with anterior osteophyte formation; bilateral facet hypertrophy with disc protrusion causing moderately severe spinal stenosis at L3-4 and L4-5; and bilateral neuroforaminal narrowing at L4-5 and L5-S1. Treatment to date has included NSAIDs, muscle relaxants, opioids, ice, back brace, Toradol injection, physical therapy, injection to the right knee, and right knee ACL repair. Utilization review from January 13, 2014 denied the requests for spinal surgical consultation as there was no documentation of lower extremity symptoms in the distribution consistent with imaging studies, activity limitations due to radiculopathy for more than a month, or extreme progression of lower leg symptoms; left knee surgical consultation as there was no documentation that diagnostic and therapeutic management has been exhausted within the treating physician's scope of practice; MRI of the right hip as there was no documentation of negative plain radiographs or suspicion for indicated conditions; and EMG/NCV of the lower extremities as there was no documentation of findings consistent with radiculopathy that has not responded to conservative treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

SPINAL SURGICAL CONSULTATION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306.

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) Independent Medical Examinations and Consultations chapter, pages 127 and 156.

Decision rationale: As stated on pages 127 and 156 of the ACOEM Independent Medical Examinations and Consultations Guidelines referenced by CA MTUS, occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. In this case, there are no findings consistent with worsening of the low back condition or neurological compromise to support this request. There is no documentation that the patient has exhausted all conservative management options at this time. Therefore, the request for spinal surgical consultation is not medically necessary.

LEFT KNEE SURGICAL CONSULTATION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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) Independent Medical Examinations and Consultations chapter, pages 127 and 156.

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. According to ODG, indications for MRI of the hip and pelvis include osseous, articular, or soft-tissue abnormalities; osteonecrosis; occult acute and stress fracture; acute and chronic soft-tissue injuries; and tumors. In this case, there are no findings to support the outlined conditions above to support this request. Therefore, the request for MRI right hip is not medically necessary.

MRI RIGHT HIP: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and Pelvis chapter, MRI (magnetic resonance imaging).

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. According to ODG, indications for MRI of the hip and pelvis include osseous, articular, or soft-tissue abnormalities; osteonecrosis; occult acute and stress fracture; acute and chronic soft-tissue injuries; and tumors. In this case, there are no findings to support the outlined conditions above to support this request. Therefore, the request for MRI right hip is not medically necessary.

ELECTROMYOGRAPHY (EMG) LOWER EXTREMITIES: Overturned

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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back chapter, EMGs (electromyography).

Decision rationale: CA MTUS ACOEM states that EMGs are indicated to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. In addition, ODG states that EMGs may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. In this case, the patient presents with chronic low back pain radiating to the right lower extremity, with tingling, numbness, and weakness of the right big toe. There are imaging findings of neuroforaminal narrowing. At this time, the patient's radiating low back pain is most likely due to lumbar radiculopathy, and an EMG is necessary for further clarification of levels involved. Therefore, the request for EMG lower extremities is medically necessary.

NERVE CONDUCTION VELOCITIES (NCV) LOWER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 303.

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 chapter, Nerve conduction studies (NCS).

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. According to ODG, nerve conduction studies are not recommended when a patient is presumed to have symptoms on the basis of radiculopathy. In this case, the patient presents with chronic low back pain radiating to the right lower extremity, with tingling, numbness, and weakness of the right big toe. There are imaging findings of

neuroforaminal narrowing. At this time, the patient's radiating low back pain is most likely due to lumbar radiculopathy. Therefore, the request for NCV lower extremities is not medically necessary.