

Case Number:	CM14-0014683		
Date Assigned:	02/28/2014	Date of Injury:	08/13/2003
Decision Date:	06/27/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	02/05/2014

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 Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in Florida. 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 58-year-old male who reported an injury on 08/13/2003. The mechanism of injury was not provided for review. The injured worker's treatment history included multiple medications, acupuncture, sacroiliac joint fusion, and lumbar fusion at the L5-S1. The injured worker was evaluated on 01/20/2014. It was documented that the injured worker had tenderness to palpation of the paravertebral musculature with a positive right-sided straight leg raising test. The injured worker's motor examination was limited due to pain. The injured worker's diagnoses included sacroilitis, backache, piriformis syndrome, coccyx disorder, foot pain, knee pain, lumbar pain, and lumbar degenerative disc disease. The injured worker's treatment plan included acupuncture, continued medications, radiofrequency ablation of the lumbar spine, and an electrodiagnostic study of the bilateral lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT LUMBAR RADIOFREQUENCY ABLATION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Fact joint radiofrequency neurotomy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 310.

Decision rationale: The requested right lumbar radiofrequency ablation is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommend radiofrequency ablation after the injured worker has had an appropriate response to medial branch blocks for diagnostic purposes. The clinical documentation submitted for review does not provide any evidence that the injured worker has undergone any diagnostic blocks to determine that the injured worker's pain is facet related. Additionally, the request does not specifically identify at what level the radiofrequency ablation is being requested. As the injured worker has previously undergone fusion surgery, radiofrequency ablation would not be appropriate the L5-S1 levels. As such, the requested right lumbar radiofrequency ablation is not medically necessary or appropriate.

EMG BILATERAL LOWER EXTREMITIES (BLE): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, EMG.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 310.

Decision rationale: The requested electromyography (EMG) of the bilateral lower extremities is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommend electrodiagnostic studies for subtle physical findings of neurological compromise. The clinical documentation submitted for review does not specifically identify any indications of radicular findings to support the need for an electrodiagnostic study. As such, the requested EMG of the bilateral lower extremities is not medically necessary or appropriate.

NCV (NERVE CONDUCTION STUDIES) BILATERAL LOWER EXTREMITIES (BLE): Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-308.

Decision rationale: The requested NCV (nerve conduction velocity) of the bilateral lower extremities is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommend electrodiagnostic studies for subtle physical findings of neurological compromise. The clinical documentation submitted for review does not specifically identify any indications of radicular findings to support the need for an electrodiagnostic study. As such, the requested NCV of the bilateral lower extremities is not medically necessary or appropriate.

ACUPUNCTURE X 12 LUMBAR: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The requested acupuncture times twelve (x12) for the lumbar spine is not medically necessary or appropriate. The clinical documentation submitted for review does indicate that the injured worker has previously participated in acupuncture treatments. The California Medical Treatment Utilization Schedule recommends that continued acupuncture be based on documentation of functional benefit and symptom response. The clinical documentation does not address the injured worker's progress related to prior treatment of acupuncture. Therefore, there is no way to determine the appropriateness of additional acupuncture. As such, the requested is not medically necessary or appropriate.