

Case Number:	CM14-0015077		
Date Assigned:	02/28/2014	Date of Injury:	10/15/2010
Decision Date:	07/31/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	02/06/2014

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 49-year-old male who has filed a claim for postlaminectomy syndrome associated with an industrial injury date of October 15, 2010. Review of progress notes indicates severe back pain with numbness, tingling, and weakness of bilateral lower extremities. Findings include left antalgic gait, tenderness over the lumbosacral region, decreased and painful range of motion; positive straight leg raise and femoral nerve stretch tests bilaterally, more on the left, decreased left ankle reflex, decreased strength of right knee flexors and left hip flexors and decreased sensation of the left lower extremity. An MRI from October 2011 showed findings most consistent with perineural fibrosis surrounding the proximal left S1 nerve root; post-surgical changes; and mild degenerative disc disease at L2-L3 and L4-5. Treatment to date has included multiple unspecified medications, lumbar epidural steroid injections, spinal cord stimulator placement, and lumbar spinal surgeries, latest in September 2013. Patient notes that the spinal cord stimulator is not helping. Utilization review from January 21, 2014 denied the requests for CT scan of the lumbar spine with myelogram and sedation as there was lack of documentation of specific neurological compromise, and patient was not a candidate for additional surgery; and deep tissue injection of lidocaine 1% 1.5ml as the requesting physician noted that this procedure was not requested nor performed. There was modified certification for EMG of the lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

One Computed Tomography Scan of the Lumbar Spine With Myelogram And Sedation: 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) Low Back chapter, Myelography.

Decision rationale: The California 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. Criteria for myelography include demonstration of the site of a CSF leak; surgical planning, especially regarding the nerve roots; radiation therapy planning; diagnostic evaluation of spinal or basal cistern disease, and infection involving the spine, intervertebral discs, meninges, surrounding soft tissues, or arachnoid membrane; poor correlation of physical findings with MRI studies; and precluded use of MRI, such as due to claustrophobia. In this case, there is no suspicion of the abovementioned conditions to support the need for a CT myelogram. There is no indication why the patient is unable to undergo an MRI instead. Therefore, the request for CT scan of the lumbar spine with myelogram and sedation was not medically necessary.

Electromyography of Bilateral Lower Extremities: Upheld

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 ODG Low Back chapter, EMGs (electromyography).

Decision rationale: 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 bilateral lower extremities with associated motor and sensory deficits without a specific dermatomal distribution. There is suspicion of, but no clear evidence of radiculopathy, and an EMG of the bilateral lower extremities is necessary at this time. Previous utilization review determination, dated January 21, 2014, has already certified this request. Therefore, the request for electromyography of bilateral lower extremities is not medically necessary.

Nerve Conduction Velocity Studies Of The Bilateral Lower Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints 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 California 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 bilateral lower extremities with associated motor and sensory deficits without a specific dermatomal distribution. There is suspicion of, but no clear evidence of radiculopathy, and an EMG of the bilateral lower extremities is necessary at this time. However, a nerve conduction study is not necessary. Therefore, the request for nerve conduction velocity studies of the bilateral lower extremities was not medically necessary.

One Bursa/ Joint Injection Of Bupivacaine 0.25% Plain/Depo Medrol 40MG: Upheld

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 rationale: The request does not indicate the specific joint/bursa to which the injection is directed to. A report dated January 03, 2014 notes that bursa/joint was injected with bupivacaine and plain/depo medrol. However, utilization review dated January 21, 2014 notes that the requesting physician indicates that this request was an error, and it was neither performed nor requested despite reporting in the submitted documents. Therefore, the request for one bursa/joint injection of bupivacaine 0.25% plain/depo medrol 40mg was not medically necessary.