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| Case Number: | CM14-0015832 | | |
| Date Assigned: | 03/03/2014 | Date of Injury: | 04/14/2006 |
| Decision Date: | 07/23/2014 | UR Denial Date: | 01/23/2014 |
| Priority: | Standard | Application Received: | 02/07/2014 |

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 44-year-old male who has filed a claim for lumbosacral sprain associated with an industrial injury date of April 14, 2006. Review of progress notes indicates low back pain occasionally radiating to the buttocks, and bilateral foot and ankle pain. Patient reports pain on the left peroneal canal and plantar nerve pain on the right. Findings include tenderness over the lumbosacral area, decreased lumbar painful range of motion, tenderness over the peroneal canal, painful range of motion of the left peroneal longus muscle, and collapse of the medial arch on weight bearing. Treatment to date has included opioids, Lidoderm patches, aquatherapy, nerve blocks to the foot, trigger point injections, lumbar facet blocks, nerve decompression surgeries on the right leg and ankle, and lumbar spinal surgery in September 2010. Utilization review from January 23, 2014 denied the requests for MRI of the pelvis as there is no documentation of pain or findings referable to the pelvis; EMG/NCS of the lower extremities as there is no documentation of focal neurologic deficits or change in neurologic function; and follow-up with [REDACTED] as the patient is out of the post-operative follow-up time and there is no change in treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF THE PELVIS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG - osseous, articular, or soft tissue abnormalities; osteonecrosis; occult acute and stress fracture; acute and chronic soft tissue injuries; and tumors.

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, MRI is indicated for osseous, articular, or soft tissue abnormalities; osteonecrosis; occult acute and stress fracture; acute and chronic soft tissue injuries; and tumors. However, there is no documentation regarding findings due to a pelvic pathology. Therefore, the request for MRI of the pelvis was not medically necessary.

EMG RIGHT LOWER EXTREMITIES: Upheld

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

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. Furthermore, NCVs are not recommended when symptoms are presumed to be on the basis of radiculopathy. In this case, there is no documentation of subtle neurologic dysfunction, or of findings that support the presence of radiculopathy. Therefore, the request for EMG right lower extremity was not medically necessary.

EMG LEFT LOWER EXTREMITIES: Upheld

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

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 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. Furthermore, NCVs are not recommended when symptoms are presumed to be on the basis of radiculopathy. In this case, there is no documentation of subtle

neurologic dysfunction, or of findings that support the presence of radiculopathy. Therefore, the request for EMG left lower extremity was not medically necessary.

NCS RIGHT LOWER EXTREMITIES: Upheld

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

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. There is minimal justification when a patient is presumed to have symptoms on the basis of radiculopathy. In this case, there is no documentation of subtle neurologic dysfunction, or of findings that support the presence of neuropathy. The indication for this request is not clear at this time. Therefore, the request for NCS right lower extremity was not medically necessary.

NCS LEFT LOWER EXTREMITIES: Upheld

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

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. There is minimal justification when a patient is presumed to have symptoms on the basis of radiculopathy. In this case, there is no documentation of subtle neurologic dysfunction, or of findings that support the presence of neuropathy. The indication for this request is not clear at this time. Therefore, the request for NCS left lower extremity was not medically necessary.

FOLLOW UP APPOINTMENT WITH [REDACTED]: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: CA MTUS does not address this topic specifically. ODG was used instead. ODG states that evaluation and management outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, to monitor the patient's progress, and make any necessary modifications to the treatment plan. In this case, there are no reports from the clinic of [REDACTED] in the submitted documentation. Also, the patient has not had significant changes in low back pain condition or in treatment plan to warrant a follow-up appointment outside the usual follow-up schedule. Therefore, the request for follow up appointment with [REDACTED] was not medically necessary.