

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0017101 | | |
| Date Assigned: | 04/14/2014 | Date of Injury: | 03/16/2010 |
| Decision Date: | 05/30/2014 | UR Denial Date: | 02/11/2014 |
| Priority: | Standard | Application Received: | 02/11/2014 |

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 Physical Medicine and Rehabilitation, has a subspecialty in and is licensed to practice in Texas and Ohio. 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 70-year-old male who reported an injury on 03/16/2010. The injured worker was examined on 03/15/2013. It was documented that the injured worker had on-going back pain. The injured worker had previously undergone a lumbar discogram on 12/05/2011 that was unequivocally negative. It was also documented that the injured worker underwent an MRI in 06/2012 that documented diffuse multilevel disc bulging with no evidence of significant nerve root impingement. It was also documented that the injured worker had undergone and electrodiagnostic study on 06/26/2012 that documented findings suggestive of L5 to S1 nerve root irritation. In 04/2013, it is documented that updated neurological studies had been requested. The injured worker had ongoing persistent radicular symptoms. The injured worker was evaluated in 01/2014. It was documented that the injured worker had undergone a discogram in 09/2013 that was unequivocally positive at the L2-3, L4-5, and L5-S1. Physical findings at that examination documented decreased range of motion of the lumbar spine with positive facet loading. The injured worker had a positive straight leg raising test bilaterally with decreased sensation in the posterolateral thighs and lateral calves bilaterally, decreased deep tendon reflexes of the bilateral lower extremities, and decreased motor strength in the left lower extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG OF THE BILATERAL LOWER EXTREMITY: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The requested EMG of the bilateral lower extremities is not medically necessary or appropriate. The Low Back Complaints ACOEM Practice Guidelines does not recommend electrodiagnostic studies for clinically evidence radiculopathy. The clinical documentation submitted for review does indicate that the injured worker had disturbed sensation in the L5-S1 distribution and a positive straight leg raising test. The injured worker also has motor strength deficits in the left lower extremity coupled with reduced deep tendon reflexes bilaterally. As radiculopathy is clearly indicated upon physical examination electrodiagnostic studies would not be supported. As such, the requested EMG at the bilateral lower extremities is not medically necessary or appropriate.

NCV OF THE BILATERAL LOWER EXTREMITY: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The requested NCV of the bilateral lower extremities is not medically necessary or appropriate. The Low Back Complaints ACOEM Practice Guidelines does not recommend electrodiagnostic studies for clinically evidence radiculopathy. The clinical documentation submitted for review does indicate that the injured worker had disturbed sensation in the L5-S1 distribution and a positive straight leg raising test. The injured worker also has motor strength deficits in the left lower extremity coupled with reduced deep tendon reflexes bilaterally. As radiculopathy is clearly indicated upon physical examination electrodiagnostic studies would not be supported. As such, the requested NCV at the bilateral lower extremities is not medically necessary or appropriate.

MRI OF THE LUMBAR SPINE: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: The requested MRI of the lumbar spine is not medically necessary or appropriate. The clinical documentation does indicate that injured worker previously underwent an MRI in 2012 that did not provide any nerve root pathology. However, the injured worker has had persistent radicular complaints. It is noted within the documentation that an updated neurological study was requested in 03/2013. The results of that study were not provided.

Additionally, it is noted that the injured worker underwent a discogram in 09/2013. Unclear what documentation the discogram was supported by. The Low Back Complaints ACOEM Practice Guidelines does recommend MRIs for clinical evidence radiculopathy. However, it is unclear when the last MRI was provided to this patient. Therefore, and additional MRI would not be supported. As such, the requested MRI of the lumbar spine is not medically necessary or appropriate.

PRESURGERY PSYCH CLEARANCE-DENIED BY PHYSICIAN ADVISOR: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations Page(s): 100.

Decision rationale: The requested presurgery psych clearance is not medically necessary or appropriate. Chronic Pain Medical Treatment Guidelines does recommend the use of psychological evaluations prior to surgical interventions. However, the clinical documentation submitted for review does not provide any evidence that the injured worker will undergo surgical intervention. Additionally, it is noted within the documentation that the injured worker received psychological support. Therefore, the need for an additional psychological evaluation is not clearly indicated. As such, the requested presurgery psych clearance is not medically necessary or appropriate.