

Case Number:	CM14-0019105		
Date Assigned:	04/23/2014	Date of Injury:	09/29/2008
Decision Date:	07/15/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	02/14/2014

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 applicant is a represented [REDACTED] employee who has filed a claim for trigger finger reportedly associated with industrial injury of September 29, 2008. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; earlier right shoulder arthroscopy; earlier carpal tunnel release surgery; and extensive periods of time off of work, on total temporary disability. In a Utilization Review Report dated February 3, 2014, the claims administrator denied a request for lumbar MRI imaging along with electrodiagnostic testing of the bilateral lower extremities. An August 14, 2013 progress note is notable for comments that the applicant remained off of work, on total temporary disability owing to issues related to multiple fingers triggering as of that point in time. A September 11, 2013 progress note is notable for comments that the applicant remained off of work, on total temporary disability, owing to issues related to triggering of multiple digits, chronic back pain, and chronic shoulder pain evident as of that point in time. On January 7, 2014, the applicant was described as reporting worsened low back pain radiating to the right leg. Right-sided straight leg raising was positive with diminished Achilles reflexes. An updated MRI scan and electrodiagnostic testing were endorsed. The applicant was again placed off of work, on total temporary disability. A September 24, 2013 history and physical therapy is notable for comments that the applicant's past medical history was notable only for asthma.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG OF THE LUMBAR SPINE: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: The MTUS/ACOEM Guidelines state that EMG testing is "recommended" to clarify diagnosis of nerve root dysfunction in applicants in whom there is no improvement after one month of care. In this case, the patient is off of work. The patient pain complaints are worsening. Furthermore, there has been no improvement to date. Therefore, the request for EMG of the lumbar spine is medically necessary and appropriate.

NCV OF THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back Complaints (ACOEM Practice Guidelines, 3rd Edition, Electromyography Section).

Decision rationale: As noted in the Third Edition ACOEM Guidelines, electromyography section, nerve conduction studies can rule out other causes of lower limb symptoms such as generalized peripheral neuropathy or peroneal compression neuropathy which can mimic sciatica. In this case, however, there is no evidence that the applicant in fact carries the diagnosis of peripheral neuropathy which could mimic sciatica. Past medical history is notable only for asthma. There is no mention of hypertension, diabetes, or other systemic disease process which would call into question a possible peripheral neuropathy or lower extremity compression neuropathy. Furthermore, there is no rationale for the testing in question has been provided so as to try and offset the unfavorable ACOEM recommendation. Therefore, the request for NCV of the lumbar spine is not medically necessary and appropriate.

MRI OF THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

Decision rationale: The MTUS/ACOEM Guidelines, state that imaging studies should be reserved for cases in which surgery is being considered or red flag diagnoses are evident. In this case, however, there is no evidence that the applicant is actively considering or contemplating lumbar spine surgery. There is no evidence of cauda equina syndrome, tumor, fracture, or other

red flag diagnoses. The attending provider simply stated that he wished to obtain updated lumbar spine MRI imaging studies and did not signal any intent to act on the results of the proposed study. Therefore, the request for a MRI of the lumbar spine is not medically necessary and appropriate.