

Case Number:	CM14-0115310		
Date Assigned:	08/04/2014	Date of Injury:	10/05/2010
Decision Date:	09/17/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	07/22/2014

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 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 injured worker is a 64-year-old female who reported an injury on 10/05/2010. The worker suffers from a lower back strain while attempting to reposition a client in bed. The current diagnoses include lumbar herniated nucleus pulposus, lumbar stenosis, lumbar spondylosis with myelopathy, sciatica, diabetes mellitus, postsurgical hypothyroidism, chronic hepatitis C, and status post appendectomy, tonsillectomy, and thyroidectomy. The injured worker was evaluated on 07/09/2014 with complaints of right leg sciatic pain, weakness, and numbness. Previous conservative treatment includes physical therapy, acupuncture, medication management, and lumbar epidural steroid injections. The current medication regimen includes diclofenac sodium, cyclobenzaprine, tramadol, and lidocaine patch. Physical examination on that date revealed a limping gait, mild tenderness to palpation of the lumbosacral junction, diminished strength in the right lower extremity, limited lumbar range of motion, positive straight leg raise on the right, and diminished sensation in the right lower extremity. Treatment recommendations at that time included an MRI of the lumbar spine, electro diagnostic studies of the bilateral lower extremities, and a return office visit following the electro diagnostic and imaging studies. It is noted that the injured worker underwent an MRI of the lumbar spine on 08/05/2014, which indicated disc desiccation and narrowing at L4-5 with encroachment on the exiting right L4 nerve root, as well as the right L5 nerve root. There was no request authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography Bilateral Lower Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines-TWC.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Electrodiagnostic Studies.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state electromyography may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. The Official Disability Guidelines state electromyography may be useful to obtain unequivocal evidence of radiculopathy after 1 month of conservative therapy, and is not necessary if radiculopathy is already clinically obvious. Nerve conduction studies are not recommended. Per the documentation submitted, the injured worker reported persistent weakness, numbness, and sciatic pain in the right lower extremity. Physical examination does reveal positive straight leg raise on the right, diminished strength and sensation in the right lower extremity, and a limping gait. As the Official Disability Guidelines do not recommend electro diagnostic studies when radiculopathy is already clinically obvious, the current request cannot be determined as medically appropriate at this time. It is also noted that the injured worker was pending an MRI of the lumbar spine at the time of the electro diagnostic study request. The result of the MRI would be essential to determine the need for further testing. The request is not medically necessary.

Nerve conduction Velocity Bilateral Lower Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Electrodiagnostic Studies.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state electromyography may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. The Official Disability Guidelines state electromyography may be useful to obtain unequivocal evidence of radiculopathy after 1 month of conservative therapy, and is not necessary if radiculopathy is already clinically obvious. Nerve conduction studies are not recommended. Documentation submitted reports persistent weakness, numbness, and sciatic pain in the right lower extremity. Physical examination does reveal positive straight leg raise on the right, diminished strength and sensation in the right lower extremity, and a limping gait. Official Disability Guidelines do not recommend electro diagnostic studies when radiculopathy is already clinically obvious, the current request cannot be determined as medically appropriate at this time. It is also noted that the injured worker was pending an MRI of the lumbar spine at the time of the electro diagnostic study request. The

result of the MRI would be essential to determine the need for further testing. The request is not medically necessary.

MRI of the lumbar spine without contrast: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Magnetic Resonance Imaging.

Decision rationale: California MTUS/ACOEM Practice Guidelines state if physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test. The Official Disability Guidelines state indications for imaging include thoracic or lumbar spine trauma with neurological deficit, uncomplicated low back pain with radiculopathy after 1 month of conservative therapy, a suspicion for red flags, or myelopathy. Per the documentation submitted, the injured worker is 4 years status post work-related injury. The injured worker continues to report persistent complaints in the lower back and right lower extremity despite an exhaustion of conservative treatment. Given the progression of symptoms and positive physical examination findings, the current request for an MRI of the lumbar spine can be determined as medically necessary in this case.

Pre-op medical clearance /labs/EKG: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines.

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, Preoperative Testing, General.

Decision rationale: The Official Disability Guidelines state preoperative testing should be guided by the patient's clinical history, comorbidities, and positive physical examination findings. The injured worker does maintain a medical history of positive hepatitis C and diabetes. Therefore, the current request for preoperative medical clearance can be determined as medically appropriate in this case.

I Day hospital stay: Overturned

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, Hospital Length of Stay (LOS).

Decision rationale: The Official Disability Guidelines state the hospital length of stay following a discectomy includes a median of 1 day. The current request for a 1 day hospital stay does fall within guideline recommendations. Therefore, the request is medically necessary.

Assistant Surgeon / PA: Overturned

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, Surgical Assistant.

Decision rationale: The Official Disability Guidelines recommend surgical assistance as an option in more complex surgeries. Therefore, the current can be determined as medically appropriate in this case. As such, the request is medically necessary.

Right L4-5 microdisectomy and foramintomy: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307. Decision based on Non-MTUS Citation Official Disability Guidelines-TWC.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Discectomy/Laminectomy.

Decision rationale: California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation is indicated for patients who have severe and disabling lower extremity symptoms; activity limitation for more than 1 month; clear clinical, imaging, and electrophysiologic evidence of a lesion; failure of conservative treatment. The Official Disability Guidelines state prior to a discectomy/laminectomy, there should be objective evidence of radiculopathy. Imaging studies should indicate nerve root compression, lateral disc rupture, or lateral recess stenosis. Conservative treatment should include activity modification, drug therapy, and epidural steroid injections. There should also be evidence of a referral to physical therapy, manual therapy, or the completion of a psychosocial screening. Per the documentation submitted, the injured worker does present with symptoms of radiculopathy and positive physical examination findings. The injured worker has exhausted conservative treatment in the form of physical therapy, acupuncture, epidural steroid injections, and medication management. There is documentation of a 2 mm annular disc bulge and a 4 mm disc protrusion at L4-5 with encroachment on the L4 and L5 exiting nerve root on the right. Given the injured worker's persistent symptoms and positive physical examination despite conservative treatment, and

positive imaging findings, the current request for a microdiscectomy at L4-5 can be determined as medically necessary in this case.