

Case Number:	CM14-0121609		
Date Assigned:	08/06/2014	Date of Injury:	09/20/2010
Decision Date:	09/23/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	08/01/2014

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 53-year-old female who reported an injury on 09/20/2010 due to lifting a patient out of bed. Diagnoses were lumbar disc disease with history of partial discectomy and recurrent lumbar strain with radiculopathy. Past treatments were chiropractic sessions, physical therapy, and spinal injections. Diagnostic study was an MRI of the lumbar spine. The MRI was dated 01/20/2011, which did not reveal any obvious disc herniation or spinal stenosis, or nerve decompression. It revealed multilevel lumbar disc degeneration, spondylolisthesis, and past evidence of an L4-5 disc surgery. Surgical history was a gastric bypass and an L4-5 disc surgery. Physical examination on 06/27/2014 revealed complaints of pain. The pain was mostly at night time and it was harder to ignore. The injured worker reported that her leg would go numb with driving about 80% of the time. It was also reported radicular symptoms that involved the 2nd and 3rd toes on the right leg. Examination of the back revealed axial back pain in the lumbar region adjacent to the scars. There was no hypertonicity or discomfort with palpation of the adjacent musculature. There was no sacroiliac joint pain. Reflexes were symmetric in the lower extremities. Medications were Cymbalta, Wellbutrin, Skelaxin, Tramadol, Zyrtec, and a nasal spray. Treatment plan was for an EMG nerve conduction study of the lower extremities. The rationale was not reported. The Request for Authorization was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with a pain management specialist (back): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), TWC Guidelines, last updated 7/3/14.

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

Decision rationale: The Official Disability Guidelines recommend office visits as determined to be medically necessary. Evaluation and management (E&M) 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, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self-care as soon as clinically feasible. It was noted that the injured worker was to be referred for facet joint injections on office visit dated 06/27/2014. It is unclear if this is the reason for the request. The injured worker is not taking any opioid medications. Therefore, the request is not medically necessary.

Electromyography of the bilateral lower extremities: 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, Low Back Procedure Summary, last updated 5/12/14 Electromyography, Nerve Conduction Studies.

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, EMGs (electromyography).

Decision rationale: ACOEM states that electromyography (EMG), including H reflex test, may be useful to identify subtle, focal neurologic dysfunction in injured workers with low back symptoms lasting more than 3 or 4 weeks. There should be documentation of 3 to 4 weeks of conservative care and observation. The Official Disability Guidelines for electromyography is recommended as an option (needle, not surface). EMGs may be useful to obtain unequivocal evidence of radiculopathy, after 1 month of conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. No correlation was found between inoperative EMG findings and immediate postoperative pain. The intraoperative spinal cord monitoring is becoming more common and there may be benefit in surgery with major corrective anatomic intervention like fracture or scoliosis or fusion where there is significant stenosis, needle EMG and H reflex test are recommended, but surface EMG and H wave test are not very specific and therefore, are not recommended. The physical examination does not correlate with a diagnosis of

radiculopathy. The previous EMG and MRI of the lumbar spine were not submitted for review. The orthopedic evaluation of the back, on office visit 06/27/2014, revealed reflexes were symmetric to lower extremities. The injured worker had no hypertonicity or discomfort with palpation of her adjacent musculature. There were no objective physical findings of radiculopathy upon examination. Therefore, the request is not medically necessary.

Nerve conduction studies of the bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC, Low Back Procedure Summary, last updated 5/12/14 Electromyography, Nerve Conduction Studies.

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, Nerve Conduction Studies.

Decision rationale: ACOEM states that electromyography (EMG), and nerve conduction velocities (NCV) including H reflex test, may help identify subtle, focal neurologic dysfunction in injured workers with neck or arm symptoms, or both, lasting more than 3 or 4 weeks. There should be documentation of 3 to 4 weeks of conservative care and observation. The Official Disability Guidelines do not recommend nerve conduction studies as there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. There is no documentation of peripheral neuropathy condition that exists in the bilateral lower extremities. There is no documentation specifically indicating the necessity for both an EMG and NCV. Therefore, the request is not medically necessary.