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| Case Number: | CM14-0132627 | | |
| Date Assigned: | 09/19/2014 | Date of Injury: | 12/23/2009 |
| Decision Date: | 12/03/2014 | UR Denial Date: | 08/11/2014 |
| Priority: | Standard | Application Received: | 08/19/2014 |

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 Family Medicine, and is licensed to practice in North Carolina. 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 has a reported injury date of 12/23/2005. The patient has the diagnoses of low back pain, lumbar sprain/strain, lumbar degenerative disc disease, lumbosacral radiculitis and sacroiliac ligament strain. The included progress notes made available for review from the primary treating physician are mostly hand written and are only partially legible. Per the progress note dated 08/01/2014, the patient had complaints of depression and anxiety. The patient continued use of home exercise program with heat application and EMS unit. The lumbosacral complaints were unclear. The physical exam only noted vital signs. The treatment plan recommendations included a weight loss program.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCV Of The Right Lower Extremity: Upheld

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

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

Decision rationale: The ACOEM chapters on low back complaints and the need for lower extremity EMG/NCV states: Unequivocal objective findings that identify specific nerve

compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computed tomography [CT] for bony structures). Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. In this patient's case the progress notes are hand written and the exact objective findings are unclear. There is no objective evidence of neurologic dysfunction or unequivocal objective findings that identify nerve compromise as documented in the provided physical exam. For these reasons, criteria for lower extremity EMG/NCV have not been met as set forth in the ACOEM. Therefore the request is not medically necessary.

EMG of The Right Lower Extremity: Upheld

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

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

Decision rationale: The ACOEM chapters on low back complaints and the need for lower extremity EMG/NCV states: Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computed tomography [CT] for bony structures). Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. In this patient's case the progress notes are hand written and the exact objective findings are unclear. There is no objective evidence of neurologic dysfunction or unequivocal objective findings that identify nerve compromise as documented in the provided physical exam. For these reasons, criteria for lower extremity EMG/NCV have not been met as set forth in the ACOEM. Therefore the request is not medically necessary.

MRI Of The Left Ilium/Si Joint: Upheld

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

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

Decision rationale: The ACOEM and the California MTUS do not specifically address imaging of the hip or lower extremity. The ODG indicates imaging is warranted for osseous, articular or soft tissue abnormalities, osteonecrosis, occult and stress fracture, acute and chronic soft -tissue injuries and tumors. In this case the provided documentation fails to show concern or objective finding consistent with any of the above mentioned diagnoses. Therefore criteria for lower extremity imaging has not been met per the ODG and the request are medically necessary.

Weight Loss Program: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.aetna.com/cpm/medical/data/1_0039.html Policy

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: NIH wigh loss recommendations

Decision rationale: The California MTUS, the ACOEM and the ODG do not specifically address the requested service. PER the NIH recommendations, weight loss should be considered to: 1. lower blood pressure 2. lower elevated levels of total cholesterol, LDL and triglycerides 3. lower elevated levels of blood glucose levels 4. use BMI to estimate relative risk of disease 5. follow BMI during weight loss 6. measurement of waist circumference 7. initial goal should be to reduce body weight by 10% 8. weight loss should be 1-2 pounds per week for an initial period of 6 months 9. low calorie diet with reduction of fats is recommended 10. an individual diet that is helped to create a deficit of 500-1000 kcal/day should be used 11. physical activity should be part of any weight loss program 12. behavioral therapy is a useful adjunct when incorporated into treatment While weight loss is indicated in the treatment of both obesity and chronic pain exacerbated by obesity, there are no details given about the neither recommended program nor documentation of previous weight loss attempts/activities. Therefore there is no way to see if the requested program meets NIH standards. Therefore the request is not medically necessary.