MAXIMUS Federal Services

Case Number:	CM14-0133700		
Date Assigned:	08/25/2014	Date of Injury:	05/22/2000
Decision Date:	10/03/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	08/18/2014

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 Emergency Medicine and is licensed to practice in Texas. 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 52-year-old female who reported an injury on 05/22/2000 after lifting a heavy box. The injured worker reportedly sustained an injury to her low back. The injured worker's treatment history included medications and a low back brace. The injured worker was evaluated on 07/02/2014 and it was documented the injured worker complained of intractable back pain. It was noted the pain was described as aching. Duration of pain was described as frequent. Severities of symptoms are described as moderate to severe with profound limitations. Radiation of pain left lower extremity. Paresthesias are more prominent. The pain was aggravated by prolonged sitting, standing, walking, bending, stooping and twisting. Associated symptoms included weakness to the left lower leg. Injured worker had an MRI of the lumbar spine on 06/03/2013 that revealed marked asymmetry of the posterior elements at L5-S1 with bulky bony proliferation about the left facet. Small right L4-5 and right L5-S1 facet effusions. Bony anatomy of the posterior elements could be further evaluated with multi planar CT. No interval change in the posterior central 3.5 mm L3-4 disc protrusion with slight leftward extension. No interval change of the broad posterior 3 mm L5-S1 disc bulge. No interval change of the broad posterior 3 mm L4-5 disc bulge. Diagnoses included lumbar radiculopathy and degenerative disc disease. Medications included Tramadol 50 mg, and Ibuprofen 800 mg, and Prilosec. The injured worker had a urine drug screen on 08/04/2014 that was negative for Tramadol. Request for Authorization dated 07/15/2014 was for EMG/NCV for bilateral lower extremities and for Tramadol 50 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) of the right lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 390.

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

Decision rationale: The request for electromyogram of the right lower extremity is not medically necessary. The California MTUS/ACEOM do not recommend electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 weeks or 4 weeks. The Official Disability Guidelines recommend electromyography as an option (needle, not surface) to obtain unequivocal evidence of radiculopathy, after 1 month conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. There was no mentioned of a home exercise regimen outcome. In addition, the injured worker has no documented evidence per the physical examination done on 07/02/2014 indicating nerve root dysfunction. Given the above, the request for electromyogram of the right lower extremities is not medically necessary,

Electromyography (EMG) of the left lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 390.

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

Decision rationale: The request for electromyogram of left lower extremity is not medically necessary. The California MTUS/ACEOM do not recommend electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 weeks or 4 weeks. The Official Disability Guidelines recommend electromyography as an option (needle, not surface) to obtain unequivocal evidence of radiculopathy, after 1 month conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. There was no mentioned of a home exercise regimen outcome. In addition, the injured worker has no documented evidence per the physical examination done on 07/02/2014 indicating nerve root dysfunction. Given the above, the request for electromyogram of the right lower extremity is not medically necessary.

Nerve Conduction Velocity (NCV) of the right lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 390.

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, Nerve Conduction Velocity

Decision rationale: The request for NCV of the right lower extremity is not medically necessary. The Official Disability Guidelines do not recommend NCV studies as there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. This systematic review and meta-analysis demonstrate that neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy. In the management of spine trauma with radicular symptoms, EMG/nerve conduction studies (NCS) often have low combined sensitivity and specificity in confirming root injury and there is limited evidence to support the use of often uncomfortable and costly EMG/NCS. There was no mentioned of a home exercise regimen or prior physical therapy outcome. Given the above, the request for NCV of the right lower extremity is not medically necessary.

Nerve Conduction Velocity (NCV) of the left lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 390.

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, Nerve Conduction Velocity

Decision rationale: The request for NCV of the left lower extremity is not medically necessary. The Official Disability Guidelines do not recommend NCV studies as there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. This systematic review and meta-analysis demonstrate that neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy. In the management of spine trauma with radicular symptoms, EMG/nerve conduction studies (NCS) often have low combined sensitivity and specificity in confirming root injury and there is limited evidence to support the use of often uncomfortable and costly EMG/NCS. There was no mentioned of a home exercise regimen outcome. Given the above, the request for nerve conduction study of the bilateral lower extremities is not medically necessary.

Tramadol 50mg QTY: 600.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

Decision rationale: The request for Tramadol HCL 50 mg QTY: 600.00 is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) guidelines state that criteria for use for ongoing- management of opioids include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There was lack of evidence of opioid medication management and average pain, intensity of pain, or longevity, of pain relief. In addition, the request does not include frequency. In addition, there lack of evidence of outcome measurements of conservative care such as, physical therapy or home exercise regimen outcome improvements noted for the injured worker. The urine drug screen was negative for Tramadol on 08/04/2014. Given the above, the request is not medically necessary.