

Case Number:	CM14-0153411		
Date Assigned:	09/23/2014	Date of Injury:	11/05/2013
Decision Date:	10/30/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/19/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 is a 57 year old female with a work injury dated 11/5/13. The diagnoses include lumbosacral musculoligamentous strain/sprain; history of lumbosacral spine discogenic disease; right knee sprain/strain rule out right meniscal tear. Under consideration is a request for Urine toxicology; electromyography of the right lower extremity and left lower extremity; nerve conduction study of the left lower extremity and right lower extremity and physical performance-Functional Capacity Evaluation. There is a primary treating physician report dated 8/27/14 that states that the patient complains of right knee and low back pain. On exam there is lumbosacral spine tenderness to palpation bilaterally. There is paraspinal bilateral sacroiliac and gluteal muscle tenderness. There is bilateral paraspinal and gluteal muscle tenderness. There is decreased range of motion and a positive right straight leg raise. The patient can heel and toe walk with difficulty due to right knee pain. There is right knee swelling over the medial aspect. There is decreased range of motion. There is a positive patella femoral grind/McMurray test. The lateral knee and ankle DTRs are 1+ RLE with decreased motor strength. The right anterolateral thigh and anterior knee/medial leg and foot have decreased sensation to light touch and pinprick. The treatment plan includes a request for urine toxicology; BLE nerve conduction studies and electromyography. The patient is on modified duty. There is an 8/21/14 comprehensive drug panel that states that no medications are prescribed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine toxicology: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Opioids, steps to avoid misuse/addiction Page(s): 43, 94. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain(chronic): Urine drug testing (UDT)

Decision rationale: The MTUS guidelines state that frequent random urine toxicology screens can be used as a step steps to avoid misuse of opioids, and in particular, for those at high risk of abuse. The MTUS states that urine drug screen is recommended as an option upon initiation of opioids, using a urine drug screen to assess for the use or the presence of illegal drugs. The documentation indicates that a comprehensive drug panel dated 8/21/14 reveals that no medications are being prescribed. The documentation is not clear on why a urine toxicology screen is needed. The request for Urine toxicology is not medically necessary per the MTUS and ODG guidelines.

Electromyography of the left lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303,Chronic Pain Treatment Guidelines Electrodiagnostic testing.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back-Nerve conduction studies (NCS); EMGs (electromyography)

Decision rationale: The ACOEM MTUS guidelines state that 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. The ODG states that there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. The ODG states that EMG's are not necessary if radiculopathy is already clinically obvious. The documentation indicates that the patient's history and physical are radicular in nature on the right side. The recent documentation from 8/27/14 does not indicate left sided objective findings suggestive of neuropathic symptoms. The request therefore for electromyography of the left lower extremity is not medically necessary per the MTUS ACOEM and the ODG guidelines.

Electromyography of the right lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303,Chronic Pain Treatment Guidelines Electrodiagnostic testing.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back-Nerve conduction studies (NCS); EMGs (electromyography)

Decision rationale: The ACOEM MTUS guidelines state that 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. The ODG states that there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. The ODG states that EMG's are not necessary if radiculopathy is already clinically obvious. The documentation indicates that the patient's history and physical are radicular in nature. The request therefore for electromyography of the right lower extremity is not medically necessary per the MTUS ACOEM and the ODG guidelines.

Nerve conduction study of the left lower extremity: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back-Nerve conduction studies (NCS); EMGs (electromyography)

Decision rationale: The ACOEM MTUS guidelines state that 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. The ODG states that there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. The ODG states that EMG's are not necessary if radiculopathy is already clinically obvious. The documentation indicates that the patient's history and physical are radicular in nature on the right side. The recent documentation from 8/27/14 does not indicate left sided objective findings suggesting neuropathic symptoms. The request therefore for a nerve conduction study of the left lower extremity is not medically necessary.

Nerve conduction study of the right lower extremity: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back-Nerve conduction studies (NCS); EMGs (electromyography)

Decision rationale: The ACOEM MTUS guidelines state that 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. The ODG states that there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. The ODG states that EMG's are not necessary if radiculopathy is already clinically obvious. The documentation indicates that the patient's history and physical are radicular in nature on the right side. The recent documentation from 8/27/14

does not indicate left sided objective findings suggesting neuropathic symptoms. The request therefore for nerve conduction studies of the right lower extremity is not medically necessary.

Physical performance-Functional Capacity Evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Treatment/Disability Duration Guidelines Fitness For Duty

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 81. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty- Functional Capacity Evaluation

Decision rationale: The ACOEM guidelines state that in many cases, physicians can listen to the patient's history, ask questions about activities, and then extrapolate, based on knowledge of the patient and experience with other patients with similar conditions. The ODG states that an FCE can be considered if case management is hampered by complex issues. The ODG states that it is not appropriate to perform an FCE if the worker has returned to work and an ergonomic assessment has not been arranged. The documentation does not indicate complex case management issues. The documentation is not clear on why an FCE is necessary. The request for Physical performance-Functional Capacity Evaluation is not medically necessary.