MAXIMUS Federal Services

Case Number:	CM14-0157019		
Date Assigned:	09/29/2014	Date of Injury:	05/19/2006
Decision Date:	10/28/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	09/25/2014

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 Occupational Medicine, has a subspecialty in Family Practice and is licensed to practice in Ohio. 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:

Injured worker is a 39-year-old male with a date of injury of May 19, 2006. He developed low back pain radiating down both legs as a consequence of his employment. He was found to have a herniated disc at L5-S1 and underwent a partial laminectomy of L4, L5, and S1 on September 12, 2013. His radicular symptoms did not improve much and subsequently he has had radiofrequency ablation and a couple of rounds of epidural steroid injections with moderately good results. His symptoms have returned in terms of lower extremity pain. The electro myelogram and nerve conduction velocity test from October 1, 2013 was normal. However, those studies from a year prior revealed a delayed onset of the left plantar motor nerve function indicating a possible tarsal tunnel syndrome. His physical exam reveals diminished range of motion of the lumbar spine, diminished sensation of the L4, L5, and S1 dermatomes on the left, diminished lower extremity strength on the left, and positive straight leg raise testing. There is a request for repeat Electromyography (EMG)/Nerve Conduction Velocity (NCV) testing to exclude a peripheral neuropathy and request for ongoing pain management consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 EMG of the bilateral lower extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back - Lumbar & Thoracic (Acute & Chronic); regarding EMGs (electromyograpjy)

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, EMG

Decision rationale: The above guidelines state that EMG testing is not necessary if radiculopathy is obvious clinically. In this instance, the injured worker has responded favorably to epidural steroid injections, has clinical findings consistent with MRI results from 2012, and had a normal EMG/NCV roughly a year prior. Additionally, the lower extremity symptoms began simultaneously with the low back symptoms around the date of the original injury. For these reasons another EMG is not medically necessary.

1 NCS of the bilateral lower extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back - Lumbar & Thoracic (Acute & Chronic); regarding nerve conduction studies

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, NCS

Decision rationale: Nerve conduction studies of the lower extremities cannot be recommended when symptoms are presumed to be on the basis of radiculopathy. In this instance, the injured worker's lower extremity symptoms began simultaneously with his back injury, he has responded to epidural injections, and has radiographic findings consistent with lumbar nerve root impingement. Therefore, NCS of the bilateral lower extremities is not medically necessary.

on-going pain management follow-up visits: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Disorder Medical Treatment Guidelines, State of Colorado Department of Labor and Employment, 4/27/2007, page 56.

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, Office Visits

Decision rationale: Office visits are recommended 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. In this instance, the injured worker is clearly in need of ongoing pain medication management and will almost certainly need more interventions in the future which may include epidural steroid injections, possibly a spinal cord stimulator, and other procedures

that fall under the purview of pain management physicians. Therefore, on-going pain management follow-up visits are medically necessary and appropriate.