

Case Number:	CM14-0022807		
Date Assigned:	06/25/2014	Date of Injury:	12/24/2007
Decision Date:	09/10/2014	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	02/24/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

This is a 63 year old male with a 12/24/2007 original date of injury. The exact mechanism of injury was not clearly described. A progress report dated 10/8/13 notes that patient complains of persistent pain in the neck that is aggravated by repetitive motions of the neck. It also notes that patient has significant low back pain radiating to the lower extremities with numbness and tingling. No objective physical exam findings regarding the lumbar spine were noted. Diagnostic Impression: Neck pain, low back pain, status post cervical spine surgery, date unknown. Treatment to Date: None noted. A UR decision dated 2/6/14 denied the request for MRI of the lumbar spine. In this case, the claimant complains of low back pain radiating to the lower extremities. However, there is no documentation that outlines current objective and neurological deficits regarding the lumbar spine. There is no clear rationale for the request. It also denied a request for EMG of the bilateral lower extremities. In this case, the claimant complains of low back pain radiating to the lower extremities. However, there is no documentation that outlines the claimant's current objective and neurological deficits regarding the lumbar spine. It also denied a request for NCV of the lower extremities. There is no documentation that outlines the claimant's current objective and neurological deficits. It also denied a request for pain management consult for possible lumbar epidural steroid injection. There is no clear rationale for this request. There is no evidence of any failure of prior conservative care regarding the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF THE LUMBAR SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM ODG TWC.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter - MRI.

Decision rationale: CA MTUS supports imaging of the lumbar spine in patients with red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise on the neurologic examination, failure to respond to treatment, and consideration for surgery. However, there is no documentation in the provided records of a prior lumbar plain film being done. Additionally, there is no documentation of a complete physical examination, specifically any lumbar or lower extremity findings. Furthermore, there is no mention of prior attempts and conservative treatment in the records provided for review. Therefore, the request for MRI of the lumbar spine is not medically necessary.

(EMG)ELECTROMYOGRAPHY 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 ODG TWC.

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 Chapter EMG/NCV.

Decision rationale: CA MTUS states that electromyography (EMG), including H-reflex tests, are indicated to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. In addition, ODG states that EMGs may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. Furthermore, NCS are not recommended when a patient is presumed to have symptoms on the basis of radiculopathy. However, in the provided records for review, there is no documentation of a complete neurological examination. Additionally, there is no documentation of prior attempts at conservative management. With an original date of injury of 2007, it is unclear why EMG would be useful, especially without documentation of any new injury or exacerbation of symptoms. Therefore, the request for EMG of the bilateral lower extremities is not necessary.

(NCV) NERVE CONDUCTION VELOCITY OF THE LOWER EXTREMITIES: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG TWC.

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 Chapter (EMG/NCV).

Decision rationale: CA MTUS states that electromyography (EMG), including H-reflex tests, are indicated to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. In addition, ODG states that EMGs may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. Furthermore, NCS are not recommended when a patient is presumed to have symptoms on the basis of radiculopathy. However, in the provided records for review, there is no documentation of a complete neurological examination. Additionally, there is no documentation of prior attempts at conservative management. With an original date of injury of 2007, it is unclear why NCV of the lower extremities would be useful, especially without documentation of any new injury or exacerbation of symptoms. Therefore, the request for NCV of the lower extremities is not necessary.

PAIN MANAGEMENT CONSULT FOR POSSIBLE LUMBAR EPIDURAL STEROID INJECTION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Independent Medical Examinations and Consultations Page(s): 127, 156. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

Decision rationale: CA MTUS states that consultations are recommended, and a health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the plan or course of care may benefit from additional expertise. However, there is no documentation of a complete neurological examination. There are no physical exam abnormalities of the lumbar spine or of the lower extremities documented. There is no mention of prior attempts at managing the patient's back pain with conservative treatments. It is unclear why the patient would require a pain management consultation for possible ESI. Therefore, the request for pain management consult for possible lumbar epidural steroid injection is not medically necessary.