MAXIMUS Federal Services

Case Number:	CM14-0024599		
Date Assigned:	06/11/2014	Date of Injury:	12/15/1987
Decision Date:	07/17/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	02/26/2014

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 Orthopedic Surgery and is licensed to practice in Mississippi. 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 65-year-old male who was reportedly injured on December 15, 1987. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated May 28, 2014, indicated that there were ongoing complaints of chronic low back pain. It was noted that electrodiagnostic studies were completed in December 2013 objectifying a bilateral chronic L5-S1 radiculopathy. The physical examination demonstrated tenderness to palpation, a decreased range of motion, motor strength to be within normal limits and a slight loss to sensation. Straight leg raising was positive. Diagnostic imaging studies were not presented for review. Previous treatment included a sciatic nerve block; a request had been made for epidural steroid injection and lower extremity electrodiagnostic testing electromyogram/nerve conduction velocity (EMG/NCV) and was not certified in the pre-authorization process on January 28 & April 13, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

PROSPECTIVE REQUEST: 1 EPIDURAL STEROID INJECTION (ESI) LUMBAR: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

Decision rationale: Epidural steroid injections can be supported when there is cooperation of the radiculopathy both by imaging studies and electrodiagnostic studies. A chronic radiculopathy was noted on the electromyogram (EMG), however, there are no imaging studies provided for review. Furthermore, when noting the date of injury this requested procedure is not medically necessary.

PROSPECTIVE REQUEST: ELECTROMYOGRAPHY: Upheld

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

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

Decision rationale: The progress notes indicate that a diagnostic study was completed December 2013. There is no indication of any worsening clinical situation or clinical data presented objectifying a change in the overall status. As such, there is no data presented to suggest the need for repeat study in this period of time. This is not medically necessary.

PROSPECTIVE REQUEST: NERVE CONDUCTION VELOCITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: The progress notes indicate that a diagnostic study was completed on December 2013. There is no indication of any worsening clinical situation or clinical data presented objectifying a change in the overall status. As such, there is no data presented to suggest the need for repeat study in this period of time. This is not medically necessary.