

Case Number:	CM14-0026658		
Date Assigned:	06/13/2014	Date of Injury:	10/11/2013
Decision Date:	10/01/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/04/2014

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 Family Medicine and is licensed to practice in Arizona. 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:

Patient is a 26 year old male with a date of injury on 10/11/2011. Diagnoses include lumbar spondylosis/radiculitis, and chronic pain syndrome. Subjective complaints are of low back pain 7-8/10 with radiation to the left leg with occasional tingling. Physical exam shows tenderness at L4-S1 with decreased range of motion. There was diminished sensation and weakness at the L5-S1 level on the left. There was a negative bilateral straight leg raise test. MRI from 12/2/2-13 showed lipomatosis, and musculoligamentous discogenic changes. Prior treatments have included physical therapy, chiropractic, anti-inflammatories, and muscle relaxants.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs (Functional Restoration Programs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs Page(s): 30-33.

Decision rationale: The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, Chronic Pain Programs, page 30-33. The Expert Reviewer's decision rationale:CA MTUS Chronic Pain Treatment Guidelines state that "functional

restoration programs are recommended for patients who have had an adequate/thorough evaluation, previous methods of pain treatment have failed, patient has significant loss of ability to function independently due to chronic pain, patient is not a surgical candidate, and patient exhibits motivation to change. Treatment is not suggested for longer than 2 weeks without evidence of efficacy." This patient does meet criteria for inclusion in a functional program, due to having adequate evaluation, previous medications and treatments without benefit, is not a surgical candidate, and is documented as motivated. For these reasons, use of a functional restoration program is medically necessary.

Electromyogram (EMG) of bilateral lower extremities: Overturned

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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, EMG.

Decision rationale: The Expert Reviewer based his/her decision on the MTUS ACOEM Practice Guidelines, Chapter 12 Low Back Complaints, page 303 and on the Non-MTUS Official Disability Guidelines (ODG) Low Back, EMG. The Expert Reviewer's decision rationale: CA MTUS suggests that "EMG/NCS may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks." The ODG recommends that "EMG may be useful to obtain unequivocal evidence of radiculopathy after one month of conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious." The ODG does not recommend NCS due to minimal justification for performing NCS when a patient is presumed to have symptoms of radiculopathy, rather EMG is recommended as an option. For this patient, lumbar radicular signs are present, and there is not conclusive evidence of nerve root compression on MRI. Lower extremity electrodiagnostic could help delineate the cause and extent of pathology. Therefore, the requests for bilateral lower extremity electrodiagnostic studies are medically necessary.

Nerve Conduction Study (NCS) of bilateral lower extremities: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Nerve Conduction Studies.

Decision rationale: The Expert Reviewer based his/her decision on the MTUS ACOEM Practice Guidelines, Chapter 12 Low Back Complaints, page 303 and on the Non-MTUS Official Disability Guidelines (ODG) Low Back, Nerve Conduction Studies. The Expert Reviewer's decision rationale: The ODG does not recommend NCS due to minimal justification for performing NCS when a patient is presumed to have symptoms of radiculopathy, rather EMG is

recommended as an option. This patient has low back pain with objective signs of radiculopathy that could more clearly identified via an EMG. Therefore, the request for a nerve conduction study is not medically necessary.